


# Agenda Summary Report (ASR)

## Franklin County Board of Commissioners

<b>DATE SUBMITTED:</b> 9/28/2021	<b>PREPARED BY:</b> Carlee Nave
<b>Meeting Date Requested:</b> 10/5/2021	<b>PRESENTED BY:</b> Carlee Nave and Stuart Burke, Administrative Accountant
<b>ITEM:</b> (Select One)                      Consent Agenda <input checked="" type="checkbox"/> Brought Before the Board <span style="margin-left: 300px;">Time needed: 5 minutes</span>	
<b>SUBJECT:</b> Approval to Hire Deputy Treasurer – Cashier/Financial Specialist at Step 3	
<b>FISCAL IMPACT:</b> \$4,277 annual impact / \$1,426 2021 impact (\$0 2021 budget impact)	
<b>BACKGROUND:</b> <p>The Treasurer has hired E Castaneda to fill the vacant Deputy Treasurer position. The Treasurer is requesting to move E Castaneda to a Step 3 of the salary schedule (\$19.82/hour) to recognize her education and experience. She has a bachelor’s degree and five years of private sector experience in cash handling, closing out tills, and customer service.</p> <p>The Step 1 rate for this position is \$17.97/hour, so this request amounts to a base hourly increase of \$1.85/hour over the entry level (\$3,621 annually). The vacancy being filled is budgeted at a Step 4, and the impact is absorbed by other vacancies in the budget.</p>	
<b>RECOMMENDATION:</b> <p>The Treasurer recommends approval of the Step 3 entry and authorization for the Chair to sign the Personnel Action Form (PAF).</p>	
<b>COORDINATION:</b> On 9/23/2021, R Stetskiy, Chief Deputy Treasurer, informed HR of the intent to make a step 3 offer and he requested that HR bring the exception to the Board for approval. The offer was made on 9/23/2021, contingent on Board approval, and E Castaneda began work with the County on 9/27/2021. This is the first step exception request from the Treasurer’s Office since the implementation of the Countywide Compensation Study in 2019.	
<b>ATTACHMENTS:</b> (Documents you are submitting to the Board) <ul style="list-style-type: none"> <li>1. Personnel Action Form</li> <li>2. Position Change Budget Request Form</li> </ul>	
<b>HANDLING / ROUTING:</b> (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> of parties that will need a pdf) <p>Original to HR for processing and retention.</p>	

*I certify the above information is accurate and complete.*


Carlee Nave, HR Director



# Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

RECEIVED BY:

SEP 27 2021

Franklin County  
Human Resources

- New Hire**
 **Re-Hire**
 **Position Change**
 **Pay Change**
 **Employment Separation**
 **Leave**

Employee Name: Esmeralda Castaneda

Effective Date of Change: 9/27/2021

Department: Treasurer

Submitted Date: 9/24/2021

**New Hire**  **Position Change**  **Action Type:** Select one- Required

**Re-Hire**  **Pay Change**  **Performance Evaluation:** Select one- Required

For position changes/new hire/re-hire  
Please select at least one from each column below

Job Title: Deputy Treasurer

Department Title: Treasurer

Department ID #: 650

Grade/Step: 12-3  
(If N/A, enter Salary or Hourly rate)

Resolution #: \_\_\_\_\_  
(If Applicable)

**Employment Type**

- Full-Time  
 Part-Time  
 Seasonal/ Temporary  
 # of Months: \_\_\_\_\_  
(Maximum 120 Working Days)  
 Variable/ On-call  
 Provisional

**Schedule**

- 7.5 Hours/Day  
 8 Hours/Day  
 Public Safety  
 Flex  
 Hourly  
 # Hours/Day: \_\_\_\_\_  
 # Days/Week: \_\_\_\_\_

Comments:

**Employee Separation:**

**Separation Type:**

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: \_\_\_\_\_

Leave hours to Pay Out?

- Yes\*       No

- Voluntary Termination  
 Involuntary Termination

\* Please submit payout form to HR following employee's last date physically worked

**Leave:**

Last Date Physically Worked: \_\_\_\_\_

Leave Begin Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

- Family and Medical Leave (Report hours used to HR for tracking)       Paid  
 Military (Report hours used to HR for tracking)       Unpaid  
 Administrative  
 Other (Please Specify): \_\_\_\_\_

**Authorization/Approval Signatures**

Commissioner (If Applicable)	X	_____	___/___/20__
Elected Official/Department Head	X	<u>Josie Kaelzer</u>	<u>9/24/2021</u>
Supervisor (If Applicable)	X	_____	___/___/20__
Human Resources	X	_____	___/___/20__

**For Human Resources Use Only:**

- Original Document- HR     Electronic Copy- Payroll     Electronic Copy- EO/Dept. Head     Salary Matrix Wage Verification - Matrix Resolution #: \_\_\_\_\_  
 Entered into One Solution - PCN #: \_\_\_\_\_    Term Cd 2: \_\_\_\_\_     Entered into Benefits Admin System  
 HR Audit \_\_\_\_\_

# 2021 POSITION CHANGE BUDGET REQUEST FORM

USE THIS FORM FOR COMPENSATION CHANGES TO AN EXISTING POSITION

**Department** TREASURER

**Position Title** Deputy Treasurer

**Bargaining Unit** COURTHOUSE Clerical 874 Union, 7.5-hour day

**Employee Name**  
(if applicable) E Castaneda

**Date of Next Scheduled Step Increase** (if applicable) \_\_\_\_\_

Will this request reset the anniversary date? \_\_\_\_\_ If YES, new date of next step increase: \_\_\_\_\_

Is the employee's current salary frozen? \_\_\_\_\_ If YES, enter current bi-weekly salary : \_\_\_\_\_

Current Grade	12	Requested Grade	12
Current Step (as of 1/1/21)	1	Requested Step	3
Current Hours per Week	37.50	Requested Hours per Week	37.50
Current Salary	\$ 35,042.00	Requested Salary	\$ 38,649.00

Has HR reviewed the request and made a compensation recommendation? \_\_\_\_\_

Is the requested grade consistent with HR's recommendation? \_\_\_\_\_

Is the position already eligible for health benefits? YES

If not, does this request include the addition of health benefits? \_\_\_\_\_

Is the position eligible for retirement benefits? YES

Requested effective date of change: 9/27/2021

**JUSTIFICATION:**

**Cost Calculation**

(See Attachment B1 for current rates depending on bargaining unit)

<b>Gross Pay (Increase in Annual Salary)</b>		<b>\$</b>	<b>1,207.00</b>
<i>(Number includes adjustment for budgeted payroll accrual at year-end)</i>			
FICA/Medicare			93.00
Health Benefits			-
Retirement	PERS		124.00
Labor & Industries	5306		-
Paid Family Medical Leave			2.00
<b>Subtotal Benefits</b>		<b>\$</b>	<b>219.00</b>
<b>Total Cost of Request</b>		<b>\$</b>	<b>1,426.00</b>

**Dept Head Signature:** \_\_\_\_\_