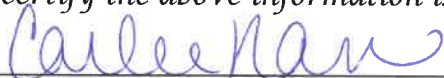


# Agenda Summary Report (ASR)

## Franklin County Board of Commissioners

<b>DATE SUBMITTED:</b> 11/22/2021	<b>PREPARED BY:</b> Carlee Nave
<b>Meeting Date Requested:</b> 11/30/2021	<b>PRESENTED BY:</b> Carlee Nave and Sheriff Jim Raymond
<b>ITEM:</b> (Select One)      x Consent Agenda	Brought Before the Board Time needed:
<b>SUBJECT:</b> Approval to Hire Corrections Deputy at Step 3	
<b>FISCAL IMPACT:</b> \$5,574 annual impact / \$931 2021 impact (\$0 2021 budget impact) The vacancy being filled is budgeted at a Step 1, however, the minimal fiscal impact will be offset by other vacancies in the budget, so no additional funds will need to be requested for the Corrections budget as a result of this request.	
<b>BACKGROUND:</b> The Sheriff currently has five openings in Corrections. One of these openings will be filled by G Daud on 11/29/2021. The Sheriff is requesting to hire G Daud at Step 3 of the salary schedule (\$24.25/hour) to recognize his background and experience.  Daud is a lateral entry with about 2 years of correctional experience with the Department of Corrections. He has completed the Washington State Department of Corrections Academy, which may provide a savings to the County of about \$1,400 in direct travel and training costs.  The Step 1 salary for Corrections is \$45,750 so this request amounts to a base salary increase of \$4,698 over the entry level in recognition of education, training, and prior service with another agency. The vacancy being filled is budgeted at a Step 1, and the minimal impact is absorbed by other vacancies in the budget.	
<b>RECOMMENDATION:</b> Parties below recommend approval of the Step 3 entry and authorization for the Chair to sign the Personnel Action Form (PAF).	
<b>COORDINATION:</b> The Sheriff brought the request to Human Resources, and upon review it was determined that the request is appropriate given Daud's training and experience in corrections work. Approval of the request is consistent with other step entry exceptions previously granted in the Corrections Center.	
<b>ATTACHMENTS:</b> (Documents you are submitting to the Board)  1. Personnel Action Form	
<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)  Original to HR for processing and retention.	

*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:  
NOV 22 2021  
Human Resources

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

Employee Name: GEORGE DAUD

Effective Date of Change: 11/29/2021

Department: CORRECTIONS

Submitted Date: 11/22/2021

- 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
Department Title:	CORRECTIONS
Department ID #:	001-000-540
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	U9 / 13 / 3
Resolution #: <small>(If Applicable)</small>	

### 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:

Start Date: 11/29/21

### Employee Separation:

### Separation Type:

(Select one, please submit corresponding notice with PAF)

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

- Voluntary Termination
- Involuntary Termination

Leave hours to Pay Out?

- Yes\*
- No

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

### Leave:

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

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

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

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

### Authorization/Approval Signatures

Commissioner (If Applicable)	X _____	_____/_____/20__
Elected Official/Department Head	X	11/19/2021
Supervisor (If Applicable)	X	11/19/2021
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 \_\_\_\_\_