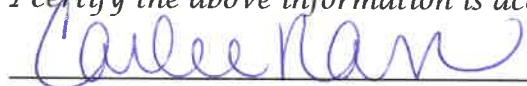


# Agenda Summary Report (ASR)

## 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 County Clerk, Mike Killian
<b>ITEM:</b> (Select One) <input checked="" type="checkbox"/> Consent Agenda	Brought Before the Board Time needed:
<b>SUBJECT:</b> Approval to Hire Deputy Clerk at Step 2	
<b>FISCAL IMPACT:</b> \$2,289 annual impact / \$383 2021 impact (\$0 2021 budget impact) The vacancy being filled is budgeted at a Step 2.	
<b>BACKGROUND:</b> The Clerk currently has two openings for the position of Deputy Clerk, LPA II. One of these openings will be filled by N Hard on 11/30/2021. The Clerk is requesting to hire N Hard at Step 2 of the salary schedule (\$20.76/hour) to recognize her background and experience.  N Hard has a diverse employment background, including three years as a Court Clerk for another jurisdiction.  The Step 1 salary for this position is \$38,552 so this request amounts to a base salary increase of \$1,930 over the entry level. The vacancy being filled is budgeted at a Step 2.	
<b>RECOMMENDATION:</b> Parties below recommend approval of the Step 2 entry and authorization for the Chair to sign the Personnel Action Form (PAF).	
<b>COORDINATION:</b> The Clerk brought the request to Human Resources, and upon review it was determined that the request is appropriate given Hard's background and experience. Approval of the request is consistent with other step entry exceptions previously granted in other courthouse offices.	
<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 name(s) 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

RECEIVED BY:

NOV 22 2021

Franklin County  
Human Resources



# Franklin County Personnel Action Form

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

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

Employee Name: Natasha Hard Effective Date of Change: 11/30/2021

Department: Clerk's Office 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

Job Title: Deputy Clerk LPA II - Criminal Dept

Department Title: Clerk's Office

Department ID #: 160

Grade/Step: 13/2  
(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/Days: \_\_\_\_\_
  - # Hours/Week: \_\_\_\_\_

Comments: \_\_\_\_\_

### Employee Separation:

### Separation Code:

### Reason Code:

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

Leave hours to Pay Out? \_\_\_\_\_

Yes\*                       No

(Select one, then select reason code)

(Select One)

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

- Resignation (Attach Resignation Notice)
- Involuntary Termination (Attach Termination Letter)
- End of Assignment
- Retirement (Attach Retirement Notice)
- Quit in Lieu of Involuntary Termination (Attach Resignation Notice)
- Reduction of Force (Attach RIF Notice)
- Death

- Attendance
- Gross Misconduct
- Probation
- Job Abandonment
- Separation (Employer Initiated)
- N/A

### Leave:

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

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

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

- FMLA (Report hours used to HR for tracking)
- Military (Report hours used to HR for tracking)
- Administrative
- Other (Please Specify): \_\_\_\_\_

- Paid
- Unpaid

### Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____	___/___/20__
Elected Official/Department Head	X		11/22/2021
Supervisor (If Applicable)	X		11/22/2021
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 #: \_\_\_\_\_
- Entered into Benefits Admin System
- HR Audit \_\_\_\_\_