

15.1

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 554500IA01		For Fiscal Year: 2017
Requesting Organization: 55450000 JORDON RIVER TRAI		Date of Request: 26-Jan-17
Budget Adjust Type(s): New Revenue and Expenditure		One Time Change (Y or N): Y
Existing Capital Project		If No, next year's impact: \$0
Description and Justification:		Net FTE Change: 0.00
Jordan River Foundation Contribution: The Jordan River Foundation intends to make a donation to the County for restoration work along the Jordan River at the Little Confluence Trailhead and the Redwood Nature Area, as part of the implementation of the vision outlined in the "Blueprint Jordan River".		

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	431 PARK BOND PROJECTS FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
5545000000 JORDON RIVER TRAIL - PARK PRGM	22,155	22,155	0	0
TOTALS	22,155	22,155	0	0

Approvals

Division Director:	Date: <u>1/26/17</u>
Dept. or Elected Fiscal Mgr:	Date: <u>1-31-17</u>
Dept. Dir. or Elected Official:	Date: <u>1-31-17</u>
Facilities Division Director: (Capital Projects Only)	Date: _____
Chief Financial Officer:	Date: <u>1-31-17</u>
Mayor or Designee:	Date: <u>2/1/17</u>
Council Action: _____	Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 55450000 JORDON RIVER TRAIL - PARK
 Budget Period: Pre-June Interim * Req Item No: 554500IA01 * Adjustment Title: Jordan River Foundation Contribution
 Adjustment Type(s): New Revenue and Expenditure Existing Capital Project

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
431	050	5545000000	673020		BND13_JORDANRIV	22,155
TOTAL EXPENDITURE CHANGE:						\$22,155

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
431	050	5545000000	419005		BND13_JORDANRIV	22,155
TOTAL REVENUE CHANGE:						\$22,155

Balance Sheet String(s): Bal sheet strings only required for Proprietary Fund adjustments; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT	
		BAL_SHT	
		BAL_SHT	
TOTAL BALANCE SHEET CHANGE:			\$0

* One Time Change (Y or N): Y
 If No, next year's impact:

No. of New FTEs: 0.00 (2)
 No. of New Time Limited FTEs: 0.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Other FTEs: 0.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

The Jordan River Foundation intends to make a donation to the County for restoration work along the Jordan River at the Little Confluence Trailhead and the Redwood Nature Area, as part of the implementation of the vision outlined in the "Blueprint Jordan River".

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.

DECLARATION OF GIFT
(OVER \$1,000)

I, The Jordan River Foundation, irrevocably give, and where appropriate transfer, title to the property described below to Salt Lake County to become permanent property of Salt Lake County and to be administered in accordance with its established policies. I assign and transfer all rights, including any copyrights that I possess on these properties to Salt Lake County, without restrictions or conditions except those noted below under "Other provisions or restrictions".

Description of gift: Donation to the County for restoration work along the Jordan River at Little Confluence trailhead and the Redwood Nature area, in an effort to implement the vision outlined in the "Blueprint Jordan River."

Value (estimated by the donor):

\$22,155

Date of transfer of title and delivery: _____

Other provisions or restrictions: _____

Donation shall be used to reimburse the County for work completed to date.

Donation to be transferred to account: 431-035545000000-30040-PAR01-BND13_JORDANRIV

Martin Jensen
Department/Division Director or Elected Official

Date: 1/19/17

Mark Seidl
Donor

Address: 852 Woodruff Way

Salt Lake City, UT 84108

Salt Lake County hereby accepts the above gift under the conditions specified within this Declaration of Gift form, but makes no judgment as to the value of the gift.

SALT LAKE COUNTY COUNCIL:

Chair _____

Date _____

ATTEST:

Sherrie Swensen, County Clerk

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REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 8200000IA03	For Fiscal Year: 2017
Requesting Organization: 82000000 DISTRICT ATTORNEY	Date of Request: 27-Jan-17
Budget Adjust Type(s): FTE/Position Reclass	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Reclass Asst Div Admin to Prosecuting Attny: Internal adjustments to our teams requires an additional Prosecuting Attorney and not an Asst Division Admin. We feel this is an efficient and effective use of our available FTEs. We are requesting a reclassification of this position to a lower grade. This vacant position was budgeted at \$141,769 including the 3% increase, retirement, Health Insurance, LTD & FICA. We anticipate this position will be filled at somewhere between \$102,678 and \$109,011 (including all salary based benefits and insurance) with a beginner to 3 year attorney (salary range from \$67,840 to \$72,842). This will provide a savings of an estimated \$39,091-\$32,758.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	\$32,758
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$32,758

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
82000000400 CRIMINAL JUSTICE	0	(32,758)	0	(32,758)
TOTALS	0	(32,758)	0	(32,758)

Approvals

Division Director:

Lisa Ashman

Digitally signed by Lisa Ashman
DN: cn=org, dc=skcounty, ou=Departments, ou=District Attorney, ou=Users, ou=GC, cn=Lisa Ashman
Date: 2017.01.27 13:07:47 -0700

Date:

1/27/17

Dept. or Elected Fiscal Mgr:

Elizabeth Bayler

Digitally signed by Elizabeth Bayler
DN: cn=Elizabeth Bayler, ou=District Attorney's Office, ou, email=ebayler@slco.org, c=US
Date: 2017.01.27 13:53:05 -0700

Date:

1-27-17

Dept. Dir. or Elected Official:

Sim Gill

Digitally signed by Sim Gill
DN: cn=Sim Gill, ou=Salt Lake County, ou=District Attorney, email=sgill@slco.org, c=US
Date: 2017.01.27 13:08:16 -0700

Date:

1/27/17

Facilities Division Director:

(Capital Projects Only)

Date:

Chief Financial Officer:

Gregory J. Dalton (For *Darrin Casper*)
Approve

Date:

2/3/17

Mayor or Designee:

Kimberly Barr
Approve

Date:

2/6/17

Council Action: _____ Date: _____
 Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 82000000 DISTRICT ATTORNEY
 Budget Period: Pre-June Interim * Req Item No: 82000001A03 * Adjustment Title: Reclass Asst Div Admin to Prosecuting Attny
 Adjustment Type(s): FTE/Position Reclass

Expense Budget String(s): This adjustment involves a reclass; while the next year's financial impact may be presented, no actual budget adjustment is required.

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	082	8200000400	601030			(99,325)
110	082	8200000400	603025			(17,808)
110	082	8200000400	603040			(468)
110	082	8200000400	603005			(7,380)
110	082	8200000400	601030			72,842
110	082	8200000400	603025			13,457
110	082	8200000400	603040			353
110	082	8200000400	603005			5,572

TOTAL EXPENDITURE CHANGE: (\$32,758)

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT

TOTAL REVENUE CHANGE: \$0

Balance Sheet String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT	
		BAL_SHT	
		BAL_SHT	

TOTAL BALANCE SHEET CHANGE: \$0

* One Time Change (Y or N): Y
 If No, next year's impact: _____
 No. of New FTEs: 0.00 (2)
 No. of New Time Limited FTEs: 0.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Other FTEs: 0.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

Internal adjustments to our teams requires an additional Prosecuting Attorney and not an Asst Division Admin. We feel this is an efficient and effective use of our available FTEs. We are requesting a reclassification of this position to a lower grade. This vacant position was budgeted at \$141,769 including the 3% increase, retirement, Health Insurance, LTD & FICA. We anticipate this position will be filled at somewhere between \$102,678 and \$109,011 (including all salary based benefits and insurance) with a beginner to 3 year attorney (salary range from \$67,840 to \$72,842). This will provide a savings of an estimated \$39,091-\$32,758.

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.

Position Management Information

INSTRUCTIONS: Complete one section for each position. To facilitate efficient execution of HR actions, please complete ALL fields as requested. TO fields are required for all position actions while FROM fields only need to be entered for position transfers. Print pages for completed sections and attach to the budget adjustment form.

Position 1			
Position Number (For changes to existing positions)		322	
Existing/Proposed Job Start Date		ASAP	
Existing/Proposed Job Code		563-1	
Existing/Proposed Job Title		Prosecuting Attorney	
Position Type: Full-Time (FT), Part-Time (PT)		FT	
Time Limited? Yes / No		No	
If Time Limited, expected expiration date			
Location Code (four digit number)		1084	
Fund	To: 110	From:	110
PS/BRASS Sub Department Id	To: 110	From:	110
Reports To Position Number	TBD		
Reports To Job Title	TBD		
FTE (Example: .50 / .75 / 1.0)	To: 1	From:	1
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		R	

Position 2			
Position Number (For changes to existing positions)			
Existing/Proposed Job Start Date			
Existing/Proposed Job Code			
Existing/Proposed Job Title			
Position Type: Full-Time (FT), Part-Time (PT)			
Time Limited? Yes / No			
If Time Limited, expected expiration date			
Location Code (four digit number)			
Fund	To:	From:	
PS/BRASS Sub Department Id	To:	From:	
Reports To Position Number			
Reports To Job Title			
FTE (Example: .50 / .75 / 1.0)	To:	From:	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))			

Position 3			
Position Number (For changes to existing positions)			
Existing/Proposed Job Start Date			
Existing/Proposed Job Code			
Existing/Proposed Job Title			
Position Type: Full-Time (FT), Part-Time (PT)			
Time Limited? Yes / No			
If Time Limited, expected expiration date			
Location Code (four digit number)			
Fund	To:	From:	
PS/BRASS Sub Department Id	To:	From:	
Reports To Position Number			
Reports To Job Title			
FTE (Example: .50 / .75 / 1.0)	To:	From:	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))			

Total No. of New FTEs:	0	a)
Total No. of New Time Limited FTEs:	0	a)
Total No. of Transferred FTEs:	0	a)
Total No. of Other Actions:	0	a)

(a) Totals will transfer to the "Adj Request" tab's FTE section.

Council Approval section below to be completed only by Council Staff and to be submitted to HR for final processing.

Council Approved	Yes:	No:	Date:	Signature:
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Action Type List:

- N New
- TL New Time Limited
- R Reclass
- T Transfer
- A Abolish
- RA Re-allocate
- O Other

Budgeted				601030	603025	603050	603040	603005	
home_org	last_name	first_name	Job Code	Salary	Retirement	Health	LTD	FICA	Total Budgeted
8200000400	***VACANT***	***POSITION***	050	99,324.96	0.1847	Ins	0.0049	0.0765	141,768.96

Proposed				601030	603025	603050	603040	603005	
home_org	last_name	first_name	Job Code	Salary	Retirement	Health	LTD	FICA	Total Proposed
8200000400	Vacant	Vacant	563-1	67,840.00	0.1847	Ins	0.0049	0.0765	102,678.38
8200000400	Vacant	Vacant	563-1	72,842.00	0.1847	Ins	0.0049	0.0765	109,011.28

CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

CLASSIFICATION REQUEST	
<i>Please complete this form, review with department/division personnel, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your HR consultant. In addition, please include your division's most recent Organization Chart.</i>	
This request is for a: Vacant to Existing Position	
Department Name: District Attorney	Position Number: 00000322
Division Name: District Attorney	Division Number: 8200000400
Information Regarding Vacant Existing Allocation	
Current Job Title/Grade: Asst Division Admin	Job Code: 050
New Existing Title/Grade: Prosecuting Attorney / 17	

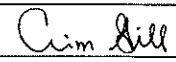
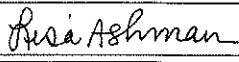
Agency Budget Impact:	
<input checked="" type="checkbox"/>	1) There is no budget increase to this year or subsequent year's budgets resulting from this position classification change. Please provide an explanation below: We are requesting a reclassification of this position to a lower grade. This vacant position was budgeted at \$141,769 including the 3% increase, retirement, Health Insurance, LTD & FICA. We anticipate this position will be filled at somewhere between \$102,678 and \$109,011 (including all salary based benefits and insurance) with a beginner to 3 year attorney (salary range from \$67,840 to \$72,842). This will provide a savings of an estimated \$39,091-\$32,758.
<input type="checkbox"/>	2) There is an increase to this year or subsequent year's budgets. Below is a summary of the budget impact: <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>
<input type="checkbox"/>	3) The budget impact for this classification change is unknown at this time.

Business Justification: Please provide a brief summary of the organization need or business justification for this position classification request.

Internal adjustments to our teams requires an additional Prosecuting Attorney and not an Asst Division Admin. We feel this is an efficient and effective use of our available FTEs.

Department/Division Approval Signatures

By providing approval and electronically signing below, this certifies that processing this classification action does not have a negative impact on the current year's personnel budget. Any budgetary impact has already been addressed and approved by the Council, as needed.

Elected Official or Department Director	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 	<small>Digitally signed by Kim Gill DN: cn=Kim Gill, o=Salt Lake County, ou=District Attorney, email=kgill@slco.org, c=US Date: 2017.01.27 12:47:42 -0700</small>
Division Director/ Administrator	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 	<small>Digitally signed by Lisa Ashman DN: cn=Lisa Ashman, o=Salt Lake County, ou=Department, ou=District Attorney, email=laashman@slco.org, c=US Date: 2017.01.27 12:47:57 -0700</small>
Immediate Supervisor	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____	

Immediate Supervisor's Title: _____

E-Mail: _____

Phone Number: _____

HR Consultant Contact Information

Consultant	E-Mail	Phone
Debbie Wine	dwine@slco.org	(385) 468-0574
Kirt Davis	ksdavis@slco.org	(385) 468-0588
Martinha Penrod	mpenrod@slco.org	(385) 468-0592
Ryan Speer	rspeer@slco.org	(385) 468-0590
Terry Fortner	tfortner@slco.org	(385) 468-0591

15.3

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary			
Reference No: 8200000IA04 Requesting Organization: 82000000 DISTRICT ATTORNEY Budget Adjust Type(s): FTE/Position Reclass	For Fiscal Year: 2017 Date of Request: 27-Jan-17 One Time Change (Y or N): Y If No, next year's impact: \$0 Net FTE Change: 0.00		
Description and Justification: Reclass Office Manager to Prosecuting Attny: Internal adjustments to our teams requires an additional Prosecuting Attorney. Third District Court will be shifting the entire caseload of Murray and Cottonwood Heights to their West Jordan Judicial staff which will require us to absorb an additional 1,200-2,000 cases. We have shifted the Office Manager duties of this position to another Office Manager already employee by our office. We feel this is an efficient and effective use of our available FTEs. The previous employee in this position was budgeted at \$71,877 annual salary including the 3% increase, retirement, Health Insurance, LTD & FICA. We anticipate this position will be filled at somewhere between \$102,678 and \$109,011 (including all salary based benefits and insurance) with a beginner to 3 year attorney (salary range from \$67,840 to \$72,842). This would be an increase of an estimated \$30,801 to \$37,134. However, we are also reclassifying another position that will provide a savings of an estimated \$33,529-39,862- see budget adjustment 8200000IA03.			

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	(\$37,134)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$37,134)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
8200000400 CRIMINAL JUSTICE	0	37,134	0	37,134
TOTALS	0	37,134	0	37,134

Approvals

Division Director:	 <small>Digitally signed by Lisa Ashman DN: cn=Lisa Ashman, ou=Department, ou=District Attorney, ou=Users, ou=GC, cn=Lisa Ashman Date: 2017.01.27 13:44:49 -07'00'</small>	Date:	1/27/17
Dept. or Elected Fiscal Mgr:	 <small>Digitally signed by Elizabeth Bayler DN: cn=Elizabeth Bayler, ou=District Attorney's Office, ou=emiliebayer@slco.org, c=US Date: 2017.01.27 13:56:00 -07'00'</small>	Date:	1-27-17
Dept. Dir. or Elected Official:	 <small>Digitally signed by Kim Gill DN: cn=Kim Gill, ou=Salt Lake County, ou=District Attorney, email=kgill@slco.org, c=US Date: 2017.01.27 13:45:20 -07'00'</small>	Date:	1/27/17
Facilities Division Director: <small>(Capital Projects Only)</small>		Date:	
Chief Financial Officer:	 <small>Approve</small>	Date:	2/3/17
Mayor or Designee:	 <small>Approve</small>	Date:	2/6/17

Council Action:

Date:

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 82000000 DISTRICT ATTORNEY
 Budget Period: Pre-June Interim * Req Item No: 8200000IA04 * Adjustment Title: Reclass Office Manager to Prosecuting Attny
 Adjustment Type(s): FTE/Position Reclass

Expense Budget String(s): *This adjustment involves a reclass; while the next year's financial impact may be presented, no actual budget adjustment is required.*

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	082	8200000400	601030			(63,827)
110	082	8200000400	603025			(2,115)
110	082	8200000400	603050			(744)
110	082	8200000400	603040			(309)
110	082	8200000400	603005			(4,882)
110	082	8200000400	601030			72,842
110	082	8200000400	603025			13,457
110	082	8200000400	603050			16,788
110	082	8200000400	603040			353
110	082	8200000400	603005			5,572
TOTAL EXPENDITURE CHANGE:						<u>\$37,134</u>

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
TOTAL REVENUE CHANGE:						<u>\$0</u>

Balance Sheet String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT	
		BAL_SHT	
		BAL_SHT	
TOTAL BALANCE SHEET CHANGE:			<u>\$0</u>

* One Time Change (Y or N): Y
 If No, next year's impact:

No. of New FTEs: 0.00 (2)
 No. of New Time Limited FTEs: 0.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Other FTEs: 0.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

Internal adjustments to our teams requires an additional Prosecuting Attorney. Third District Court will be shifting the entire caseload of Murray and Cottonwood Heights to their West Jordan Judicial staff which will require us to absorb an additional 1,200-2,000 cases. We have shifted the Office Manager duties of this position to another Office Manager already employee by our office. We feel this is an efficient and effective use of our available FTEs. The previous employee in this position was budgeted at \$71,877 annual salary including the 3% increase, retirement, Health Insurance, LTD & FICA. We anticipate this position will be filled at somewhere between \$102,678 and \$109,011 (including all salary based benefits and insurance) with a beginner to 3 year attorney (salary range from \$67,840 to \$72,842). This would be an increase of an estimated \$30,801 to \$37,134. However, we are also reclassifying another position that will provide a savings of an estimated \$33,529-39,862- see budget adjustment 8200000IA03.

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.

Position Management Information

INSTRUCTIONS: Complete one section for each position. To facilitate efficient execution of HR actions, please complete ALL fields as requested. TO fields are required for all position actions while FROM fields only need to be entered for position transfers. Print pages for completed sections and attach to the budget adjustment form.

Position 1			
Position Number (For changes to existing positions)		411	
Existing/Proposed Job Start Date		ASAP	
Existing/Proposed Job Code		563-1	
Existing/Proposed Job Title		Prosecuting Attorney	
Position Type: Full-Time (FT), Part-Time (PT)		FT	
Time Limited? Yes / No		No	
If Time Limited, expected expiration date			
Location Code (four digit number)		1084	
Fund	To: 110	From:	110
PS/BRASS Sub Department Id	To: 110	From:	110
Reports To Position Number	TBD		
Reports To Job Title	TBD		
FTE (Example: .50 / .75 / 1.0)	To: 1	From:	1
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		R	

Position 2			
Position Number (For changes to existing positions)			
Existing/Proposed Job Start Date			
Existing/Proposed Job Code			
Existing/Proposed Job Title			
Position Type: Full-Time (FT), Part-Time (PT)			
Time Limited? Yes / No			
If Time Limited, expected expiration date			
Location Code (four digit number)			
Fund	To:	From:	
PS/BRASS Sub Department Id	To:	From:	
Reports To Position Number			
Reports To Job Title			
FTE (Example: .50 / .75 / 1.0)	To:	From:	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))			

Position 3			
Position Number (For changes to existing positions)			
Existing/Proposed Job Start Date			
Existing/Proposed Job Code			
Existing/Proposed Job Title			
Position Type: Full-Time (FT), Part-Time (PT)			
Time Limited? Yes / No			
If Time Limited, expected expiration date			
Location Code (four digit number)			
Fund	To:	From:	
PS/BRASS Sub Department Id	To:	From:	
Reports To Position Number			
Reports To Job Title			
FTE (Example: .50 / .75 / 1.0)	To:	From:	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))			

Total No. of New FTEs:	0	a)
Total No. of New Time Limited FTEs:	0	a)
Total No. of Transferred FTEs:	0	a)
Total No. of Other Actions:	0	a)

(a) Totals will transfer to the "Adj Request" tab's FTE section.

Council Approval section below to be completed only by Council Staff and to be submitted to HR for final processing.

Council Approved	Yes	No	Date	Signature
------------------	-----	----	------	-----------

Action Type List:

- N New
- TL New Time Limited
- R Reclass
- T Transfer
- A Abolish
- RA Re-allocate
- O Other

Budgeted				601030	603025	603050	603040	603005		
				Salary	Retirement	Health	LTD	FICA		
home_org	last_name	first_name	Job Code	3% Merit	0.1847	Ins	0.0048	0.0765	Total Budgeted	
8200000400	Vacant	Vacant	252	63,827.04	2,114.91	744.00	309.00	4,882.20	71,877.15	

Proposed				601030	603025	603050	603040	603005		
				Salary	Retirement	Health	LTD	FICA		
home_org	last_name	first_name	Job Code	3% Merit	0.0331	Ins	0.0048	0.0765	Total Proposed	
8200000400	Vacant	Vacant	563-1	67,840.00	12,532.80	16,788.00	328.43	5,189.16	102,678.38	
8200000400	Vacant	Vacant	563-1	72,842.00	13,456.87	16,788.00	352.64	5,571.76	109,011.28	

CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

CLASSIFICATION REQUEST	
<i>Please complete this form, review with department/division personnel, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your HR consultant. In addition, please include your division's most recent Organization Chart.</i>	
This request is for a: Vacant to Existing Position	
Department Name: District Attorney	Position Number: 00000411
Division Name: District Attorney	Division Number: 8200000400
Information Regarding Vacant Existing Allocation	
Current Job Title/Grade: Office Manager / 14	Job Code: 252
New Existing Title/Grade: Prosecuting Attorney / 17	

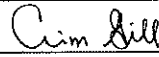
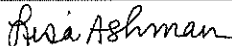
Agency Budget Impact:	
<input type="checkbox"/>	1) There is no budget increase to this year or subsequent year's budgets resulting from this position classification change. Please provide an explanation below:
<input checked="" type="checkbox"/>	2) There is an increase to this year or subsequent year's budgets. Below is a summary of the budget impact:
The previous employee in this position was budgeted at \$71,877 annual salary including the 3% increase, retirement, Health Insurance, LTD & FICA. We anticipate this position will be filled at somewhere between \$102,678 and \$109,011 (including all salary based benefits and insurance) with a beginner to 3 year attorney (salary range from \$67,840 to \$72,842). This would be an increase of an estimated \$30,801 to \$37,134. However, we are also reclassifying another position that will provide a savings of an estimated \$33,529-39,862.	
<input type="checkbox"/>	3) The budget impact for this classification change is unknown at this time.

Business Justification: Please provide a brief summary of the organization need or business justification for this position classification request.

Internal adjustments to our teams requires an additional Prosecuting Attorney. We have shifted the Office Manager duties of this position to another Office Manager already employee by our office. We feel this is an efficient and effective use of our available FTEs.

Department/Division Approval Signatures

By providing approval and electronically signing below, this certifies that processing this classification action does not have a negative impact on the current year's personnel budget. Any budgetary impact has already been addressed and approved by the Council, as needed.

Elected Official or Department Director	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 	<small>Digitally signed by Kim Gill DN: cn=Kim Gill, o=Salt Lake County, ou=District Attorney, email=kgill@slco.org, c=US Date: 2017.01.27 13:04:44 -0700</small>
Division Director/ Administrator	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 	<small>Digitally signed by Lisa Ashman DN: cn=Lisa Ashman, o=Salt Lake County, ou=Departments, ou=District Attorney, ou=Users, ou=GC, c=US Date: 2017.01.27 13:04:47 -0700</small>
Immediate Supervisor	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: _____	
Immediate Supervisor's Title: _____			
E-Mail: _____		Phone Number: _____	

HR Consultant Contact Information

Consultant	E-Mail	Phone
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