

15.8

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 911500YE01	For Fiscal Year: 2017
Requesting Organization: 91150000 SHERIFF LAW ENFOR	Date of Request: 23-Aug-17
Budget Adjust Type(s): Technical	One Time Change (Y or N): N
	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Transfer Sheriff Cell tower from 735 to 110: Transfer Sheriff Cell Towers from Public Works Enterprise Fund to General Fund. There are several agencies that pay for the use of the cell towers and the General Fund is a better fit to handle the accounting of this program.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND	735 PUBLIC WORKS FUND
Fund Impact (Budgetary)	(\$29,488)	\$0
Fund Impact (Transfers)	\$0	\$0
TOTAL FUND IMPACT	(\$29,488)	\$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
9115000000 SHERIFF LAW ENFORCEMENT	(50,494)	(50,494)	0	0
9130000200 SHERIFF ADMIN AND CONTINGENCY-CW	21,006	50,494	0	29,488
TOTALS	(29,488)	0	0	29,488

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 8-23-2017

Dept. Dir. or Elected Official:

Date: 23 Aug, 2017

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 8/23/17

Mayor or Designee:

Date: 8/23/17

Council Action:

Date: _____

Approve

Approve

Approve

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 91150000 SHERIFF LAW ENFORCEMENT
Budget Period: Post June Year-End *** Req Item No:** 911500YE01 *** Adjustment Title:** Transfer Sheriff Cell tower from 735 to 110
Adjustment Type(s): Technical

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	091	9130000200	633005	FX021		40,214
110	091	9130000200	663010	FX021		124
110	091	9130000200	663015	FX021		30
110	091	9130000200	663025	FX021		87
110	091	9130000200	663035	FX021		7,670
110	091	9130000200	663040	FX021		1,914
110	091	9130000200	663045	FX021		302
110	091	9130000200	663070	FX021		153
735	091	9115000000	633005			(40,214)
735	091	9115000000	663010			(124)
TOTAL EXPENDITURE CHANGE:						\$10,156

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
735	091	9115000000	423000			(29,488)
110	091	9130000200	423400	FX021		21,006
735	091	9115000000	424000			(21,006)
TOTAL REVENUE CHANGE:						(\$29,488)

Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestricted; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	
TOTAL BALANCE SHEET CHANGE:			\$0

*** One Time Change (Y or N):** N
If No, next year's impact: \$0

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.)*

Transfer Sheriff Cell Towers from Public Works Enterprise Fund to General Fund. There are several agencies that pay for the use of the cell towers and the General Fund is a better fit to handle the accounting of this program.

(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.

REQUEST FOR BUDGET ADJUSTMENT

159

Executive Summary

Reference No: 554600YE02 For Fiscal Year: 2017
 Requesting Organization: 55460000 PARLEYS TRAIL - P Date of Request: 5-Sep-17
 Budget Adjust Type(s): Existing Capital Project One Time Change (Y or N): Y
 New Revenue and Expenditure If No, next year's impact: \$0
 Net FTE Change: 0.00

Description and Justification:

Sego Lily Plaza: As part of the construction of the Parley's Trail an artistic element, outlined in the backup documents attached, was agreed to by Salt Lake County, Salt Lake City and the Parley's Rails, Trails and Tunnels ('PRATT') organization. The requested action is to approve a revenue and expense increase of \$700,000.00 for Salt Lake City's contribution toward the construction of that artistic element and a revenue and expense increase of \$225,783.85 for the PRATT organization gift.

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
5546000000 PARLEYS TRAIL - PARK PRGM	925,784	925,784	0	0
TOTALS	925,784	925,784	0	0

Approvals

Division Director:

Date: 9/5/17

Dept. or Elected Fiscal Mgr:

Date: 9.5.17

Dept. Dir. or Elected Official:

Date: 9.6.17

Facilities Division Director:
(Capital Projects Only)

Date: 9/6/17

Chief Financial Officer:

Date: 9/6/17

Mayor or Designee:

Date: 9/6/17

Council Action:

Date:

Approve

Budget Adjustment Detail									
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Budget Year:
*** Requesting Department:**

Budget Period:
*** Req Item No:**
*** Adjustment Title:**

Adjustment Type(s):

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURE CHANGE:		\$925,784
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Revenue Budget String(s):[illegible]

TOTAL REVENUE CHANGE:		\$925,784
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Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL SHT or 499999	
		BAL SHT or 499999	
		BAL SHT or 499999	

TOTAL BALANCE SHEET CHANGE:	\$0
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* 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.)*

As part of the construction of the Parley's Trail an artistic element, outlined in the backup documents attached, was agreed to by Salt Lake County, Salt Lake City and the Parley's Rails, Trails and Tunnels ('PRATT') organization. The requested action is to approve a revenue and expense increase of \$700,000.00 for Salt Lake City's contribution toward the construction of that artistic element and a revenue and expense increase of \$225,783.85 for the PRATT organization gift.

(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.

REQUEST FOR BUDGET ADJUSTMENT

15,10

Executive Summary

Reference No: 107099YE03	For Fiscal Year: 2017
Requesting Organization: 10709900 PARKS AND REC CAP	Date of Request: 5-Sep-17
Budget Adjust Type(s): New Capital Project	One Time Change (Y or N): Y
Unforeseen / Exigency	If No, next year's impact: \$0
Existing Capital Project	Net FTE Change: 0.00

Description and Justification:

TRCC Fund Project Shifts: In 2017, the County entered into an agreement with Real Salt Lake Foundation Inc. that the Foundation will install two new futsal mini pitches at Constitution Park (adjacent to Northwest Recreation Center at 300 North 1300 West, Salt Lake City). During preliminary design, it was discovered that in order to properly install the new pitches, the irrigation mainline must be moved and the existing irrigation system must be modified. Parks & Recreation requests a new project in order to modify the land. Additionally, Central City Recreation Center has uncovered a severe insect infestation in one of the recreation rooms that needs to be immediately addressed. Parks & Recreation requests a new project in order to address the infestation. Parks & Recreation requests funding both projects by transferring budget from a 2017 project that will no longer be completed (Western Springs Park, which is no longer owned by Salt Lake County).

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	181 TRCC TOURISM REC CULTRL CONVEN 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
TOTALS	0	0	0	0

Approvals

Division Director:  on behalf of Martin Jensen Date: 9/5/17


Dept. or Elected Fiscal Mgr:  Date: 9.5.17

Dept. Dir. or Elected Official:  Date: 9.5.17

Facilities Division Director:  Date: 9/6/17

(Capital Projects Only)

Chief Financial Officer:  Date: 9/6/17

Mayor or Designee:  Date: 9/6/17

Approve

Council Action: _____ Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 10709900 PARKS AND REC CAPITAL IMPROVEMENT
Budget Period: Post June Year-End *** Req Item No:** 107099YE03 *** Adjustment Title:** TRCC Fund Project Shifts
Adjustment Type(s): New Capital Project Unforeseen / Exigency Existing Capital Project

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
181	030	1070990000	607010		PART17WSPK01	(50,000)
181	030	1070990000	607010		PART17NWRC01	25,000
181	030	1070990000	607015		PART17CCRC01	25,000
TOTAL EXPENDITURE CHANGE:						\$0

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/Fund Unrestriction String(s):

☒ Bal sheet strings only required for Proprietary Fund adjustments or fund restrictions: check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	
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.)*

In 2017, the County entered into an agreement with Real Salt Lake Foundation Inc. that the Foundation will install two new futsal mini pitches at Constitution Park (adjacent to Northwest Recreation Center at 300 North 1300 West, Salt Lake City). During preliminary design, it was discovered that in order to properly install the new pitches, the irrigation mainline must be moved and the existing irrigation system must be modified. Parks & Recreation requests a new project in order to modify the land. Additionally, Central City Recreation Center has uncovered a severe insect infestation in one of the recreation rooms that needs to be immediately addressed. Parks & Recreation requests a new project in order to address the infestation. Parks & Recreation requests funding both projects by transferring budget from a 2017 project that will no longer be completed (Western Springs Park, which is no longer owned by Salt Lake County).

(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.

15A

REQUEST FOR INTERIM/JUNE/YEAR-END BUDGET ADJUSTMENT

Executive Summary Rst 8-29-17			
Reference No: 355099YE01-355099YE02	For Fiscal Year: 2017		
Requesting Organization: 35509900 SPCC RESERVE CAPI	Date of Request: 24-Aug-17		
Budget Adjust Type(s): Technical	One Time Change (Y or N): Y		
Existing Capital Project	If No, next year's impact: \$0		
		Net FTE Change: 0.00	
Description and Justification: Security Gate: The scope of the Security Gate project has expanded based on architect design that enhances the safety features being sought by the project goals. These include a design that makes it difficult for a person to climb and improved strength from vehicle impact. These design features require an additional \$22,026. The cost of the Overhang project is under budget and has additional funds available.			

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	180 RAMPTON SALT PALACE CONV CTR 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
TOTALS	0	0	0	0

Approvals	
Division Director:	Date: <u>8/24/2017</u>
Dept. or Elected Fiscal Mgr:	Date: <u>8-29-17</u>
Dept. Dir. or Elected Official	Date: <u>8/29/17</u>
Facilities Division Director: <small>(Capital Projects Only)</small>	Date: _____
Chief Financial Officer:	Date: <u>8/29/17</u>
Mayor or Designee:	Date: <u>8/30/17</u>
Council Action: _____	Date: _____

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 35509900 SPCG RESERVE CAPITAL PROJECTS
 Budget Period: Year-End * Req Item No: 3550994502 * Adjustment Title: Security Gate
 Adjustment Type(s): Technical Existing Capital Project

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
180	030	3550990000	673020		SP0089	22,026
180	030	3550990000	607015		SP0089	(22,026)
TOTAL EXPENDITURE CHANGE:						\$0

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.)*

The scope of the Security Gate project has expanded based on architect design that enhances the safety features being sought by the project goals. These include a design that makes it difficult for a person to climb and improved strength from vehicle impact. These design features require an additional \$22,026. The cost of the Overhang project is under budget and has additional funds available.

(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.
 (2) For FTE related requests, complete and print the "Position" tab. Totals from that tab will be carried over to here.

15.12

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 102500YE03	For Fiscal Year: 2017
Requesting Organization: 10250000 OFFICE OF REGIONA	Date of Request: 29-Aug-17
Budget Adjust Type(s): Technical	One Time Change (Y or N): Y
Technical	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:


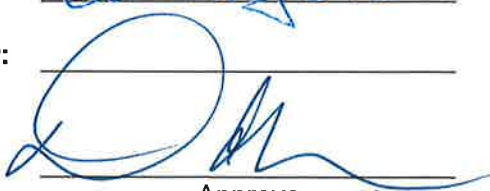
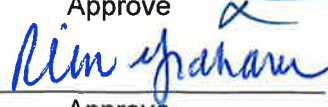
Coop Plan from restricted account: During the budget process for 2017 a proposal was approved in the Regional Development Fund to facilitate the acquisition of software for tracking COOP Plans for County Agencies as well as potentially other county government partners in the future. \$75,200 was approved by the council was placed in restricted account until further discussions on this project could take place, including any reviews by the TAB board. These reviews have been done and the project is ready to proceed to RFP. We are requesting to move these funds from the restricted account to allow Emergency Services to move forward on this project.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	110 GENERAL 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
TOTALS	0	0	0	0

Approvals

Division Director:	Date:
Dept. or Elected Fiscal Mgr: Robert Trujillo	Date:
<small>Digitally signed by Robert Trujillo Date: 2017.08.29 16:03:06 -06'00'</small>	
Dept. Dir. or Elected Official: 	Date: 8/29/17
Facilities Division Director:	Date:
(Capital Projects Only)	
Chief Financial Officer: 	Date: 8/29/17
Mayor or Designee: 	Date: 8/30/17
Council Action:	Date:
Approve	

Budget Adjustment Detail									
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Budget Year: 2017 *** Requesting Department:** 10250000 OFFICE OF REGIONAL DEVELOPMENT

Budget Period: Post June Year-End * **Req Item No:** 102500YE03 * **Adjustment Title:** Coop Plan from restricted account

Adjustment Type(s): Technical Technical

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURE CHANGE:		\$0
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Revenue Budget String(s):[illegible]

TOTAL REVENUE CHANGE:		\$0
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Balance Sheet/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE: \$0

* One Time Change (Y or N): y
If No, next year's impact: \$0

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.)*

During the budget process for 2017 a proposal was approved in the Regional Development Fund to facilitate the acquisition of software for tracking COOP Plans for County Agencies as well as potentially other county government partners in the future. \$75,200 was approved by the council was placed in restricted account until further discussions on this project could take place, including any reviews by the TAB board. These reviews have been done and the project is ready to proceed to RFP. We are requesting to move these funds from the restricted account to allow Emergency Services to move forward on this project.

(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.

15,12

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 215000FTE04 Requesting Organization: 21500000 HEALTH Budget Adjust Type(s): FTE/Position Reclass	For Fiscal Year: 2017 Date of Request: 25-Aug-17 One Time Change (Y or N): N If No, next year's impact: (\$29,027) Net FTE Change: 0.00
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Description and Justification:

HLT FTE Reclass #1967: Health requests to reclassify Position #1967 from a Nurse Practitioner to a Public Health Nurse. The STD clinic does not require a Nurse Practitioner to fulfill job duties. A Public Health Nurse can adequately fulfill the same responsibilities. There is already a contracted physician consultant, Dr. John Kriesel, to provide guidance on treatment of difficult cases. There is also an existing nurse practitioner who oversees the STD clinic that can provide assistance and guidance to her team. This is a cost effective measure for the STD clinic not having to hire someone with an advanced degree when it is not required.

Fund Impact

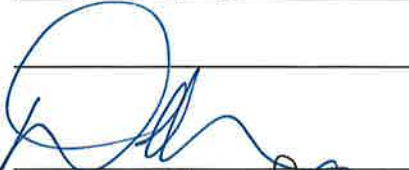

SUMMARY OF FUND IMPACT BY FUND

FUND:	370 HEALTH 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
TOTALS	0	0	0	0

Approvals

Division Director:	Gary Edwards <small>Digitally signed by Gary Edwards Date: 2017.08.25 13:39:03 -06'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2017.08.25 14:53:48 -06'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2017.08.25 14:54:51 -06'00'</small>	Date: _____
Facilities Division Director: (Capital Projects Only)		Date: _____
Chief Financial Officer:		Date: 8/28/2017
Mayor or Designee:	Eun O'Hair Approve	Date: 8/30/17
Council Action:	_____	Date: _____

Approve

Budget Adjustment Detail									
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Budget Year: 2017 *** Requesting Department:** 21500000 HEALTH

Budget Period: Post June Year-End * **Req Item No:** 215000FTE04 * **Adjustment Title:** HLT FTE Reclass #1967

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*

[illegible]

TOTAL EXPENDITURE CHANGE:		\$0
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Revenue Budget String(s):

[illegible]

TOTAL REVENUE CHANGE: \$0

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

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE:	\$0
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* One Time Change (Y or N): N
If No, next year's impact: (\$29,027)

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.)*

Health requests to reclassify Position #1967 from a Nurse Practitioner to a Public Health Nurse. The STD clinic does not require a Nurse Practitioner to fulfill job duties. A Public Health Nurse can adequately fulfill the same responsibilities. There is already a contracted physician consultant, Dr. John Kriese, to provide guidance on treatment of difficult cases. There is also an existing nurse practitioner who oversees the STD clinic that can provide assistance and guidance to her team. This is a cost effective measure for the STD clinic not having to hire someone with an advanced degree when it is not required.

(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.

Health Dept FTEs reclass budget impact analysis															
Dept ID	Position #	Employee	Fr. To.	Job Title	Job Code	Current FTE	601030 Salary (Merit)	603005 FICA	603025 Retirement	603040 LTD	603045 401K	603050 Health Ins.	TOTALS	Fund Sources Outside Revenues	Tax Dollars
2150005053	1967	Vacant	Fr.	Health Practitioner 17	248	1.00	\$ (83,640)	\$ (6,396)	\$ (15,444)	\$ (396)	\$ -	\$ (12,870)	\$ (118,746)		\$ (118,746)
2150005053	1967	Vacant	To.	Public Health Nurse 16	628_2	1.00	\$ 57,680	\$ 4,413	\$ 8,600	\$ 277	\$ 1,027	\$ 17,722	\$ 89,719		\$ 89,719
				Net Annual Impact		0.00	\$ (25,960)	\$ (1,983)	\$ (6,844)	\$ (119)	\$ 1,027	\$ 4,852	\$ (29,027)	-	\$ (29,027)
TOTALS						0.00	\$ (25,960)	\$ (1,983)	\$ (6,844)	\$ (119)	\$ 1,027	\$ 4,852	\$ (29,027)	\$ -	\$ (29,027)

1514

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 680000YE01 For Fiscal Year: 2017
 Requesting Organization: 68000000 FLEET MANAGEMENT Date of Request: 24-Aug-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:

Position Reclass: This is for a reclass of Lead Fleet Technician 12 to an Apprentice Fleet Technician 11. There is no budget impact.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	620 FLEET MANAGEMENT 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
TOTALS	0	0	0	0

Approvals

Division Director:  Date: 8/24/17

Dept. or Elected Fiscal Mgr:  Date: 8-25-17

Dept. Dir. or Elected Official:  Date: 29 Aug 2017

Facilities Division Director:  Date: _____
 (Capital Projects Only)

Chief Financial Officer:  Date: 8/30/17

Mayor or Designee:  Date: 8/30/17
 Approve

Council Action: _____ Date: _____
 Approve

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 68000000 FLEET MANAGEMENT
Budget Period: Post June Year-End *** Req Item No:** 680000YE01 *** Adjustment Title:** Position Reclass
Adjustment Type(s): FTE/Position Reclass

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
620	060		601030 PERMANENT AND PROVISIONAL			0
TOTAL EXPENDITURE CHANGE:						\$0

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/Fund Unrestriction String(s):

☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	
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.)*

This is for a reclass of Lead Fleet Technician 12 to an Apprentice Fleet Technician 11. There is no budget impact.

(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.

CONDENSED POSITION DESCRIPTION QUESTIONNAIRE (CPDQ)

CLASSIFICATION REQUEST

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.

This request is for a: Vacant to Existing Position

Department Name: Public Works

Position Number: 00008054

Division Name: Fleet Management

Division Number: 6800001000

Information Regarding Vacant Existing Allocation

Current Job Title/Grade: Lead Fleet Technician 12

Job Code: 528

New Existing Title/Grade: Apprentice Fleet Technician 11

Agency Budget Impact:

- ☒ 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:

Fleet Management Division generates our revenue through charges to our customer. Every Apprentice/ Fleet Technician generates about \$125,000 of gross revenue. This allocation is revenue neutral.

- ☐ 2) There is an increase to this year or subsequent year's budgets. Below is a summary of the budget impact:

- ☐ 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.

Fleet Management is in need of an Apprentice Fleet Technician position to fulfill our daily work responsibilities.

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 type="checkbox"/> Yes <input type="checkbox"/> No	Signature: Scott Baird	Digitally signed by Scott Baird Date: 2017.08.14 08:25:57 -06'00'
Division Director/ Administrator	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: Greg Nuzman	Digitally signed by Greg Nuzman Date: 2017.08.07 11:17:17 -06'00'
Immediate Supervisor	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: Steve Contratto	Digitally signed by Steve Contratto Date: 2017.08.07 11:31:04 -06'00'

Immediate Supervisor's Title: Operations Manager

E-Mail: scontratto@slco.org

Phone Number: 385-468-0488

HR Consultant Contact Information

Consultant	E-Mail	Phone
Debbie Wine	dwine@slco.org	(385) 468-0574
Tracy Byington	tbyington@slco.org	(385) 468-0588
Martinha Penrod	mpenrod@slco.org	(385) 468-0592
Terry Fortner	tfortner@slco.org	(385) 468-0591

Position Classification Process Overview

I. CLASSIFICATION TYPES

Below are the various types of position classifications that are conducted.

1. Incumbent Position Reclassification (*after at least six months of an approximate 50% change in duties*)
2. % FTE Position Change (*for example, when a .5 FTE is changed to a .75 FTE, or vice-versa*)
3. New Positions approved through regular budget process (*positions are classified into existing or new classifications*)
4. Vacant Classification (*positions are classified into existing or new classifications*)

The amount of work and complexity involved with a review depends on the type of classification being conducted. As a result, some requests are completed more quickly than others. In addition, the requirements (both for Council and HR) will depend on the type of classification being conducted. Below is a grid of Council and HR processing requirements, based on classification type.

II. COUNCIL APPROVAL & HR PROCESSING REQUIREMENTS

Council and HR Requirements	
Council Approval NOT Required	
Classification Type	Notes
1. Incumbent Position Reclassification	<ol style="list-style-type: none"> a. An agency must submit a completed job description, org chart, and PDQ to HR. b. Council approval is NOT required (regardless of budget impact). Cost will be annualized.
2. % FTE Position Change	<ol style="list-style-type: none"> a. Council approval is NOT required if a % of an FTE is reassigned, as long as there is no increase or reduction to an agency's total FTE count. b. If the rare case where the total FTE count is impacted the request must go before Council. c. NOTE: If any portion of an FTE is unassigned, it must be resolved by the next budget opening.
Council Approval IS Required	
Classification Type	Notes
3. New Position Approved in Budget	<ol style="list-style-type: none"> a. An agency must submit a current job description, org chart, and CPDQ (for existing classifications) or a PDQ (for new classifications) to HR for review. b. Agencies must submit a Budget Adjustment Form to Council for review & approval. c. If approved, no additional approval to hire decision will be required by Council.
4. Vacant Classification.	<ol style="list-style-type: none"> a. An agency must submit a current job description, org chart, and CPDQ (for existing classifications) or a PDQ (for new classifications) to HR for review. b. Agencies must then submit a final PDQ or CPDQ, along with a Budget Adjustment Form to Mayor and Council for review & approval. c. If approved, no additional approval to hire decision will be required by Council.

III. DOCUMENT REQUIREMENTS

Classification Type	Agency Provides				HR Provides		Council Request
	Job Description	Org Chart	PDQ	CPDQ	Job Review	Classification Letter	Budget Adjustment
1. Incumbent Position Reclassification	Y	Y	Y	N	Y	Y	N
2. % FTE Position Change	Y	N	N	Y	N	Y	N
3. New Position Approved in Budget	--	--	--	--	--	--	--
a. To Existing Classification	Y	Y	N	Y	N	Y	Y
b. To New Classification	Y	Y	Y	N	Y	Y	Y
4. Vacant Classification	--	--	--	--	--	--	--
a. To an Existing Position Classification	Y	Y	N	Y	N	Y	Y
b. To a New Position Classification	Y	Y	Y	N	Y	Y	Y

Position Classification Process Overview

I. CLASSIFICATION TYPES

Below are the various types of position classifications that are conducted.

1. Incumbent Position Reclassification (*after at least six months of an approximate 50% change in duties*)
2. % FTE Position Change (*for example, when a .5 FTE is changed to a .75 FTE, or vice-versa*)
3. New Positions approved through regular budget process (*positions are classified into existing or new classifications*)
4. Vacant Classification (*positions are classified into existing or new classifications*)

The amount of work and complexity involved with a review depends on the type of classification being conducted. As a result, some requests are completed more quickly than others. In addition, the requirements (both for Council and HR) will depend on the type of classification being conducted. Below is a grid of Council and HR processing requirements, based on classification type.

II. COUNCIL APPROVAL & HR PROCESSING REQUIREMENTS

Council and HR Requirements	
Council Approval NOT Required	
Classification Type	Notes
1. Incumbent Position Reclassification	<ol style="list-style-type: none"> a. An agency must submit a completed job description, org chart, and PDQ to HR. b. Council approval is NOT required (regardless of budget impact). Cost will be annualized.
2. % FTE Position Change	<ol style="list-style-type: none"> a. Council approval is NOT required if a % of an FTE is reassigned, as long as there is no increase or reduction to an agency's total FTE count. b. If the rare case where the total FTE count is impacted the request must go before Council. c. NOTE: If any portion of an FTE is unassigned, it must be resolved by the next budget opening.
Council Approval IS Required	
Classification Type	Notes
3. New Position Approved in Budget	<ol style="list-style-type: none"> a. An agency must submit a current job description, org chart, and CPDQ (for existing classifications) or a PDQ (for new classifications) to HR for review. b. Agencies must submit a Budget Adjustment Form to Council for review & approval. c. If approved, no additional approval to hire decision will be required by Council.
4. Vacant Classification.	<ol style="list-style-type: none"> a. An agency must submit a current job description, org chart, and CPDQ (for existing classifications) or a PDQ (for new classifications) to HR for review. b. Agencies must then submit a final PDQ or CPDQ, along with a Budget Adjustment Form to Mayor and Council for review & approval. c. If approved, no additional approval to hire decision will be required by Council.

III. DOCUMENT REQUIREMENTS

Classification Type	Agency Provides				HR Provides		Council Request
	Job Description	Org Chart	PDQ	CPDQ	Job Review	Classification Letter	Budget Adjustment
1. Incumbent Position Reclassification	Y	Y	Y	N	Y	Y	N
2. % FTE Position Change	Y	N	N	Y	N	Y	N
3. New Position Approved in Budget	--	--	--	--	--	--	--
<i>a. To Existing Classification</i>	Y	Y	N	Y	N	Y	Y
<i>b. To New Classification</i>	Y	Y	Y	N	Y	Y	Y
4. Vacant Classification	--	--	--	--	--	--	--
<i>a. To an Existing Position Classification</i>	Y	Y	N	Y	N	Y	Y
<i>b. To a New Position Classification</i>	Y	Y	Y	N	Y	Y	Y

15.15

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 503700YE01	For Fiscal Year: 2017
Requesting Organization: 50370000 EXCISE TAX ROAD P	Date of Request: 3-Aug-17
Budget Adjust Type(s): New Capital Project	One Time Change (Y or N): Y
Technical	If No, next year's impact: \$0
	Net FTE Change: 0.00

Description and Justification:

Bridge Access, 3900 S: Salt Lake County, representing Millcreek City, and South Salt Lake are entering a cost sharing agreement to study the feasibility of the 3900 S railroad overpass bridge. The study will address potential solutions to limit access under the bridge. The cost of the study is estimated at \$12,543.80. South Salt Lake will contribute \$6,271.90 and the County will contribute \$6,271.90 to the study by using Excise Tax Bond funds. Also included is approximately \$1,450 for Salt Lake County Public Works Engineering staff to manage the consultant contract for the study. Funds are available to transfer from project EFCTB150001, 3900 S Shoulder Improvements, because the project was completed under budget.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	426 EXCISE TAX ROAD REV 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
5037000000 EXCISE TAX ROAD PROJECTS UNINCORP PRGM	6,272	6,272	0	0
TOTALS	6,272	6,272	0	0

Approvals

Division Director: 	Date: 8/3/2017
Dept. or Elected Fiscal Mgr: 	Date: 8/31/2017
Dept. Dir. or Elected Official: 	Date: 31 Aug 2017
Facilities Division Director: (Capital Projects Only) 	Date: _____
Chief Financial Officer: 	Date: 8/6/17
Approve 	
Mayor or Designee: _____	Date: _____
Approve	
Council Action: _____	Date: _____
Approve	

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 50370000 EXCISE TAX ROAD PROJECTS UNINCORP
Budget Period: Post June Year-End *** Req Item No:** 503700YE01 *** Adjustment Title:** Bridge Access, 3900 S
Adjustment Type(s): New Capital Project Technical

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
426	050	5037000000	639025		EFCTB170002	14,000
426	050	5037000000	683005		EFCTB150001	(7,728)
TOTAL EXPENDITURE CHANGE:						\$6,272

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
426	050	5037000000	423400		EFCTB170002	6,272
TOTAL REVENUE CHANGE:						\$6,272

Balance Sheet/Fund Unrestriction String(s):

Bal sheet strings only required for Proprietary Fund adjustments or fund unrestricted; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL. SHT or 499999	
		BAL. SHT or 499999	
		BAL. SHT or 499999	
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.)*

Salt Lake County, representing Millcreek City, and South Salt Lake are entering a cost sharing agreement to study the feasibility of the 3900 S railroad overpass bridge. The study will address potential solutions to limit access under the bridge. The cost of the study is estimated at \$12,543.80. South Salt Lake will contribute \$6,271.90 and the County will contribute \$6,271.90 to the study by using Excise Tax Bond funds. Also included is approximately \$1,450 for Salt Lake County Public Works Engineering staff to manage the consultant contract for the study. Funds are available to transfer from project EFCTB150001, 3900 S Shoulder Improvements, because the project was completed under budget.

(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.

REQUEST FOR BUDGET ADJUSTMENT

15,14

Executive Summary

Reference No: 102200YE01	For Fiscal Year: 2017
Requesting Organization: 10220000 MAYOR FINANCIAL A	Date of Request: 7-Sep-17
Budget Adjust Type(s): FTE/Position Reclass	One Time Change (Y or N): N
	If No, next year's impact: \$0
	Net FTE Change: 1.00

Description and Justification:

Reclass for Budget Analyst: Due to new budget processes and improvements, the budget team is in critical need of additional resources to facilitate the county-wide budget process. Additionally, this position is needed to take over managing the budget for some of the 25+ budgets that Mayor's Finance manages to allow the Senior Debt Administrator to focus the necessary attention on the county's bonds. The county has been entering into frequent and complex bond transactions and there are very large risks associated with not focusing the necessary time and resources on those bonds. This will be a zero budget impact as the position will be taken from an existing allocation in accounting. This will create a strain on the accounting team, but duties have been reallocated and it was determined that the greatest need/risk for Mayor's Finance is around the functions listed above.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL 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
TOTALS	0	0	0	0

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: _____	Date: _____
Dept. Dir. or Elected Official: _____	Date: _____
Facilities Division Director: (Capital Projects Only) _____	Date: _____
Chief Financial Officer: _____	Date: _____
Approve	
Mayor or Designee: _____	Date: _____
Approve	
Council Action: _____	Date: _____
Approve	

Budget Adjustment Detail

Budget Year: 2017 *** Requesting Department:** 10220000 MAYOR FINANCIAL ADMINISTRATION
Budget Period: Post June Year-End *** Req Item No:** 102200YE01 *** Adjustment Title:** Reclass for Budget Analyst
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	010	1022000300	601030 PERMANENT AND PROVISIONAL			
TOTAL EXPENDITURE CHANGE:						\$0

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/Fund Unrestriction String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	
TOTAL BALANCE SHEET CHANGE:			\$0

* One Time Change (Y or N): N **No. of New FTEs:** 0.00 (2)
 If No, next year's impact: \$0 **No. of New Time Limited FTEs:** 0.00 (2)
 No. of Transferred FTEs: 0.00 (2)
 No. of Other FTEs: 1.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Due to new budget processes and improvements, the budget team is in critical need of additional resources to facilitate the county-wide budget process. Additionally, this position is needed to take over managing the budget for some of the 25+ budgets that Mayor's Finance manages to allow the Senior Debt Administrator to focus the necessary attention on the county's bonds. The county has been entering into frequent and complex bond transactions and there are very large risks associated with not focusing the necessary time and resources on those bonds. This will be a zero budget impact as the position will be taken from an existing allocation in accounting. This will create a strain on the accounting team, but duties have been reallocated and it was determined that the greatest need/risk for Mayor's Finance is around the functions listed above.

(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)	9430		
Existing/Proposed Job Start Date	ASAP		
Existing/Proposed Job Code	2171		
Existing/Proposed Job Title	Budget Analyst		
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)	1184		
Fund	To: 110	From: 110	
PS/BRASS Sub Department Id	To: 1022000300	From: 1022000202	
Reports To Position Number	110		
Reports To Job Title	Budget Director		
FTE (Example: .50 / .75 / 1.0)	To: 1	From:	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	R		

POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

CLASSIFICATION REQUEST

Please complete the PDQ, review with all incumbents and department/division personnel, make any and all changes needed to ensure an accurate representation of the position, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your consultant. In addition, please include copies of both the incumbent's résumé and your division's most recent Organization Chart.

This request is for a: Reclassification

Department Name: Mayor's Financial Administration

Position Number: 9430

Division Name: Budget

Incumbent Name: Vacant

Division Number: 1022000300

Incumbent EIN: _____

Information Regarding New or Current Allocation

Current Job Title/Grade: Accounting Applications Analyst/ 16T

Job Code: 2171

Recommended Title/Grade: Budget Analyst/ 16

If known, list any comparable position(s)/grade(s) that currently exist within Salt Lake County:

None

Agency Budget Impact

☒ 1) There **is no** budget increase to this or subsequent year's budgets resulting from this position classification change. Please provide an explanation below:

☐ 2) There **is** an increase to this or subsequent year's budgets. Below is a summary of the budget impact:

☐ 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.

Due to new budget processes and improvements the budget team is in critical need of additional resources to facilitate the county-wide budget process. Additionally, this position is needed to take over managing the budget for some of the 40+ budgets that Mayor's Finance manages across the county to allow the Senior Debt Administrator to focus the necessary attention on the county's bonds. The county has been entering into frequent and complex bond transactions and there are very large risks associated with not focusing the necessary time and resources on those bonds. There is also need for special accounting, finance and budget projects county-wide, which this position will assist in. Although, a strain will be put on the accounting team from this reclassification, it was determined that it will

Position Summary: Provide a brief description (maximum of 3-4 sentences) that summarizes the overall purpose or objective of this position.

Conducts financial and budgetary analysis by reviewing adopted, adjusted and interim budget adjustments and related policies, assisting with County revenue and fund balance projections, monitoring budget variances and assessing the fiscal impact of legislation. Performs fiscal management tasks for multiple programs and assisting in county-wide special projects related to accounting, budget and finance.

Essential Functions: Describe the duties and responsibilities that, if not performed, the position would not exist. Arrange these functions in order of importance (most important functions listed first) or in the sequential manner in which the duties are performed. Estimate the average percentage of time spent on each function, totaling 100%.

Essential Functions	% of Time
Coordinates, records, analyzes, lists, and reviews adopted, adjusted and interim budget adjustments and assists in interim budget adjustment policy revisions. Assists in projecting County revenues; reviews and recommends adjustments to revenue projections and fund balances.	15%
Inputs data, maintains monitoring systems and procedures, and performs monthly reconciliations for county organizations' expenditure and revenue financial performance	20%
Prepares information for budgetary and other financial information presentations. Prepares financial analysis and custom reports; researches, analyzes, and monitors budget variances. Provides requested data pertaining to revenue, taxation, and budgeting.	10%
Prepares, administers, monitors various program/division budgets, prepares division journal entries, and performs various fiscal management duties	35%
Assists in or leads county-wide special projects in the areas of accounting, finance and budget	10%
Provides requested data pertaining to revenue, taxation, and budgeting. Assesses the fiscal impact of future legislation and city incorporations and annexations	10%

Type of Supervision Received: Which of the following best describes the level of supervision regularly provided to this position? Check the most applicable:

<input type="checkbox"/>	Initially, the employee is given specific instructions on how assignments are to be completed and the sequence of work steps to be employed. Once the employee becomes more experienced, the employee carries out recurring assignments without specific instructions and refers unfamiliar situations to supervisor for assistance. Work is reviewed on a regular basis.
<input type="checkbox"/>	The employee determines own work sequence within the limits of established policy, practices and procedures. Work is evaluated periodically and upon completion.
<input checked="" type="checkbox"/>	The employee determines own work methods and solves problems utilizing technical/specialized knowledge and/or experience resulting in minimal supervision while work is in progress. The supervisor only intercedes and provides direction for new or unusual problems which involve deviations from normal policies, procedures and work methods.
<input type="checkbox"/>	The employee operates under broad administrative direction and is given responsibility for independently planning, designing and carrying out programs, projects and studies in accordance with broad policy statements and/or legal requirements. The employee keeps the supervisor apprised of progress.

Budgetary Responsibility and/or Budgetary Impact:

Does the employee: Prepare a budget? ☒ Yes ☐ No Administer a budget? ☒ Yes ☐ No

If so, what is the dollar amount of the budget that is prepared and/or administered by the employee?
\$20,000,000.00

If not, describe how the essential functions may impact the department/division's budget:

Minimum Requirements: List the amount and type of education and/or years of experience required to perform the work at the entry level. Also list any licenses, certifications, etc., *required* (at minimum) for this position.

Bachelor's degree from an accredited college or university in Accounting, Finance, or Economics, plus four (4) years of related experience; OR an equivalent combination of related education and experience.

Knowledge, Skills and Abilities (KSAs) Required: Describe the things that the employee needs to know at entry level for this position (knowledge) and the things the employee needs to be able to do (skills and abilities). If a link cannot be made between a KSA and an essential function, do not include it in this section.

Knowledge of:

- General and Cost accounting principles, methods, and techniques
- Government accounting principles, methods and techniques
- Effective budgeting principles, methods, and techniques
- Government Finance Officer's Association (GFOA) standard for budget reporting and disclosure
- Organizational principles and techniques
- Effective public relations
- Utah Code Annotated and related State and Federal rules and policies
- County policies, ordinances, and procedures
- Revenue forecasting practices

Skills and Abilities:

- Exceptional Microsoft office skills; particularly around Excel (macros, formulas, pivots, power pivot, etc)
- Perform financial analysis and interpretation
- Analyze and make recommendations for changes in procedures and financing processes
- Communicate clearly, concisely, and effectively both orally and in writing
- Interact effectively with individuals at various levels and maintain positive working relationships with County agencies
- Effectively plan, organize, and perform tasks even under stressful situations
- Act independently and use sound judgment

Working Conditions and Physical Requirements: List the working conditions (ex: exposure to unusual elements, such as extreme temperatures) and physical requirements (ex: requires heavy physical work, such as lifting, pushing, or pulling objects up to 50 pounds, walking, bending, etc.) that are essential to perform this job.

Standard office working conditions

Additional Comments: Provide any additional information that would help us to better understand this position.

Incumbent Certifies the Position Description is an Accurate Reflection of Duties

(Have all incumbents sign below, then forward the approved PDQ to your HR Consultant. Incumbents may wish to print a copy for their records.)

By signing below, I certify that I have read and have received a copy of the above position description and agree that it is a fair representation of the expected/current essential functions of the position with Salt Lake County.

I agree with the above position description. ☐

I disagree with the above position description. ☐



Signature:

INCUMBENT AND SUPERVISOR NOTES

(Attach additional/supporting documents as needed)

Department/Division Approval Signatures

By providing approval and electronically signing below, this certifies that the PDQ is a fair representation of the expected/current essential functions of the position, and that any budgetary impact has been addressed.

Elected Official or Department Director	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 
Division Director/ Administrator	Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature: 
Immediate Supervisor	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature: <div style="border: 1px solid black; height: 20px;"></div>
Immediate Supervisor's Title: <u>Budget Director</u>		
E-Mail: <u>rkitchens@slco.org</u>		Phone Number: <u>385-468-7084</u>

HR Consultant Contact Information		
Consultant	E-Mail	Phone
Debbie Wine	dwine@slco.org	(385) 468-0574
Tracy Byington	tbyington@slco.org	(385) 468-0577
Martinha Penrod	mpenrod@slco.org	(385) 468-0592
Terry Fortner	tfortner@slco.org	(385) 468-0591