



Legislation Details (With Text)

**File #:** 21-2731      **Version:** 1      **Name:**  
**Type:** Position      **Status:** Passed  
**File created:** 6/1/2021      **In control:** Commissioners Court  
**On agenda:** 6/8/2021      **Final action:** 6/8/2021  
**Title:** Request for authorization to reclassify two positions effective June 19, 2021.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-2731 20210608-A-3441 Position RequestsReclassifications-comb., v4.pdf

Date	Ver.	Action By	Action	Result
6/8/2021	1	Commissioners Court		

**To:** Harris County Commissioners Court

**Through:** Pernell Davis, Sr. Director, Administrative Services (HRRM)  
**Prepared By:** Carla Valenzuela, Sr. Policy Advisor, Pct. 2

**Subject:** Position Change Request  
**Project ID (If applicable):**

**Purpose and Request:**  
 Request for authorization to reclassify two positions effective June 19, 2021.

**Background and Discussion:**  
 (1) Reclassify (1) full-time position from Operator II to Carpenter II.  
 (2) Reclassify (1) full-time position from Coordinator I to Director III.

**Fiscal Impact:**  
*[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]*

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
<b>Service Impacted:</b> <i>[Please indicate division where expenditure is incurred]</i>			
Existing Budget			
Additional Appropriation Requested			
<b>Total Expenditures</b>			

<b>Funding Sources</b>			
Existing Department Budget			
Please Identify Funding Sources: Special Revenue, Grant, etc.			
[INSERT FUNDING SOURCES]			
<b>Total Sources</b>			

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

*[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]*