

# Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

## Legislation Details (With Text)

File #: 21-1625 **Version**: 1 **Name**:

Type: Request for approval Status: Passed

File created: 4/15/2021 In control: Commissioners Court

On agenda: 4/27/2021 Final action: 4/27/2021

Title: Request for authorization to reclassify two positions to better match the department's operational

needs effective May 8, 2021.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-1625 - PositionManagementRequestForm3441 - 20210414 - Combined.pdf

Date	Ver.	Action By	Action	Result
4/27/2021	1	Commissioners Court		

To: Harris County Commissioners Court

**Through:** Jim Bethke, Interim Director, Pretrial Services

Prepared By: Mai Ly Vong, Executive Assistant II, Pretrial Services

Subject: Position Management - Reclassification of Existing Positions (2)

Project ID (If applicable]:

#### **Purpose and Request:**

Request for authorization to reclassify two positions to better match the department's operational needs effective May 8, 2021.

**Background and Discussion:** We are requesting the Manager IV (PCN 10019574) be reclassified into Executive Assistant II and non-exempt status. We are requesting the Administrative Assistant III (PCN 10019706) be reclassified into Administrative Assistant IV. With the increased staffing and greater administrative needs, we need to the additional support of both the Administrative Assistant IV and Executive Assistant II.

[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]

**Fiscal Impact:** The amount is within the current budget and funding will come from our general fund account under salaries. The estimated financial impact to the current fiscal year and subsequent fiscal year will be a lowered salary basis for the two positions combined.

[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,

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please indicate funding source in the space provided.]

Fiscal Summary					
Expenditures	FY 20-21	Projected	Future Years Projected [3 additional years]		
Service Impacted: [Plea division where expenditur		All divisions within PTS	All divisions within PTS		
Existing Budget	0.00	(\$17,495.28)	(\$64,982.46)		
Additional Appropriation F					
Total Expenditures	0.00	(\$17,495.28)	(\$64,982.46)		
Funding Sources					
Existing Department Budg					
Please Identify Funding S Special Revenue, Grant, I	General Fund	General Fund	General Fund		
[INSERT FUNDING SOU	<u>510010</u>	<u>510010</u>	<u>510010</u>		
Total Sources					

**Alternatives:** At this time, the alternative is to request for more position, which will be more costly than position conversion.

[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:** This position reclassification would allow for greater administrative tasks and needs to be managed by both positions.

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

#### Attachments: Forms 3441 are attached.

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