



Legislation Details (With Text)

File #: 21-5514 **Version:** 1 **Name:**
Type: Position **Status:** Passed
File created: 10/5/2021 **In control:** Commissioners Court
On agenda: 10/12/2021 **Final action:** 10/12/2021
Title: Request for approval to reclassify a position effective October 23, 2021.
Sponsors:
Indexes:
Code sections:
Attachments: 1. 21-5514 Form 3441 Position Reclassification Chief IV.pdf

Date	Ver.	Action By	Action	Result
10/12/2021	1	Commissioners Court		

Harris County Commissioners Court

Request for Court Action

Proposed Meeting Date: 10/12/2021

Department:

Commissioner, Precinct 1

Department Head/Elected Official: [Rodney Ellis], [Commissioner PCT 1]

Type of Request:

Position Change/Addition

Project ID (if applicable): [N/A]

Vendor/Entity Legal Name (if applicable): N/A]

MWDBE Participation (if applicable): [N/A]

Request Summary (Agenda Caption):

Request for approval to reclassify a position effective October 23, 2021.

Background and Discussion:

The merit increase for Chief III takes this position over salary max, which requires reclassification of the position.

Expected Impact: This role will support the salary increase. If the position is not reclassified, the pay range will not support the increase.

Alternative Options:

Alignment with Goal(s):

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health

- ☐ Transportation
- ☐ Flooding
- ☐ Environment

☒ Governance and Customer Service **Prior Court Action (if any):**

Location:

Address (if applicable):

[Address, Line 1]

[Address, Line 2]

☐ Countywide

☒ Precinct 1

☐ Precinct 2

☐ Precinct 3

<input type="checkbox"/> Precinct 4				
Fiscal and Personnel Summary				
Service Name: [Finance Budget Services]		FY 21-22	Estimates	
			FY 22-23	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		\$3K	\$6K	\$30K
Non-Labor Expenditures				
Total Incremental Expenditures		\$3K	\$6K	\$30K
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	[General Fund]	\$3K	\$6K	\$30K
	[Fund Name 2]			
	[Fund Name 3]			

Total Current Budget	\$3K	\$6K	\$30K
Additional Budget Requested	[Fund Name 1]		
	[Fund Name 2]		
	[Fund Name 3]		
Total Additional Budget Requested	\$0	\$0	\$0
Total Funding Sources	\$3K	\$6K	\$30K
Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	11	11	11
Additional Positions Requested	-	-	-
Total Personnel	11	11	11

Anticipated Implementation Date: [October 23rd, 2021]

Emergency/Disaster Recovery Note:

☒ Not an emergency, disaster recovery, or COVID-19 related item

☐ Emergency Item

☐ COVID-19 related Item

☐ Disaster Recovery related Item

Contact(s):

[Stephanie Graham], [Human Resources Business Partner], [**Commissioner Pct. 1**]

Attachments:

[FORM 3441]