



Legislation Details (With Text)

File #: 22-4493 **Version:** 1 **Name:**
Type: Position **Status:** Passed
File created: 7/21/2022 **In control:** Commissioners Court
On agenda: 8/2/2022 **Final action:** 8/2/2022
Title: Request for approval of back pay for a reinstated employee per a Civil Service Order.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
8/2/2022	1	Commissioners Court		

Department: Sheriff

Department Head/Elected Official: Ed Gonzalez, Sheriff

Regular or Supplemental RCA: Regular RCA

Type of Request: Position

Project ID (if applicable):N/A

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

MWDBE Contracted Goal (if applicable):N/A

MWDBE Current Participation (if applicable):N/A

Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):

Request for approval of back pay for a reinstated employee per a Civil Service Order.

Background and Discussion:

Civil service met on June 14, 2022 and overturned the employees' termination. Back pay is being requested from his dismissal, November 3, 2021 until his reinstatement effective date, July 16, 2022.

Expected Impact:

N/A

Alternative Options:

N/A

Alignment with Goal(s):

- ☒ Justice and Safety
☐ Economic Opportunity
☐ Housing
☐ Public Health
☐ Transportation
☐ Flooding
☐ Environment
☐ Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values in thousands or millions)			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
Total Funding Sources	\$	\$	\$
Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-

Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date:

Anticipated Implementation Date (if different from Court date):

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Antionette Taylor, Payroll Coordinator, H.E.A.R.D.

Attachments (if applicable):

Payroll correction form