



Fulton County Board of Commissioners  
**Agenda Item Summary**

# 19-0953

BOC Meeting Date  
 11/20/2019

**Requesting Agency**

Human Resources Management

**Commission Districts Affected**

All Districts

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Request approval to make modifications to the classification section of the Classification and Compensation plan, by adding new titles.

**Requirement for Board Action** *(Cite specific Board policy, statute or code requirement)*

Civil Service Act of 1982 and adopted HR Procedures

**Is this Item related to a Strategic Priority Area?** *(If yes, note strategic priority area below)*

Yes All People trust government is efficient, effective, and fiscally sound

**Is this a purchasing item?**

No

**Summary & Background**

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

Scope of Work: *(Provide a brief project scope of work of the services/work to be provided)*

The Department of Human Resources management (DHRM) concluded a detail position analysis and has concluded that the following action(s) are warranted to ensure the integrity of the County's Classification system and the changing needs within the respective department. DHRM is requesting approval to:

( X ) create the following new classification:

	Title Code	Title	Grade
A.	265009	Election Systems Assistant Supervisor	15
B.	265021	Registration Officer Supervisor	15
C.	265025	Voter Education & Outreach Coordinator, Lead	15
D.	400012	Assistant Chief Investigator, Solicitor General	19

( ) modify an existing classification title with **no** change in grade:

	Title Code	Old Title	Grade	New Title

( ) modify an existing classification title and change the pay grade:

	Title Code	Old Title	Old Grade	New Title	New Grade

( ) change the pay range of an existing classification without a change to the title:

	Title Code	Title	Old Grade	New Grade

Agency Director Approval			County Manager's Approval
Typed Name and Title	Phone		
Signature	Date		

Revised 03/12/09 (Previous versions are obsolete)

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**The Finance Department has verified that both current year and reoccurring funding is available to address the above referenced changes.**

Community Impact: (Provide the overall impact on community health, whether the impact would be Countywide or to a specific District, if applicable)  
There is no community impact.

Department Recommendation: (Provide the user department recommendation)  
The department recommends approval.

Project Implications: (What are the future implications of the item in terms of potential changes in budget, service provision, or County policy/operations?)  
There are no project implications.

Community Issues/Concerns: (Identify any issues/concerns raised by constituents or clients concerning the agenda item and if those issues have been addressed?)  
There are no community issues/concerns.

Department Issues/Concerns: (Identify any additional department recommendations or concerns including funding, staffing, external/internal partnerships and operational inefficiencies)  
There are no department issues or concerns.

History of BOC Agenda Item: (Has this item previously been before the BOC? Yes or No. If yes, for non-purchasing item(s), describe what action(s) were taken.)  
There is no history of this item on the Board's agenda.

(For purchasing items, provide the project history chart or if a new procurement, insert "New Procurement".)  
Not applicable.

<b>Contract &amp; Compliance Information</b>	<i>(Provide Contractor and Subcontractor details.)</i>
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<b>Agency Director Approval</b>		<b>County Manager's Approval</b>
<b>Typed Name and Title</b>	<b>Phone</b>	
<b>Signature</b>	<b>Date</b>	

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Solicitation Information	NON-MFBE	MBE	FBE	TOTAL
No. Bid Notices Sent:				
No. Bids Received:				
<b>Total Contract Value</b>	.			
<b>Total M/FBE Values</b>	.			
<b>Total Prime Value</b>	.			
<b>Fiscal Impact / Funding Source</b>	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
.				
<b>Exhibits Attached</b>	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
<b>Source of Additional Information</b>	<i>(Type Name, Title, Agency and Phone)</i>			

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

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**Procurement**

<b>Contract Attached:</b> .	<b>Previous Contracts:</b> .		
<b>Solicitation Number:</b> .	<b>Submitting Agency:</b> .	<b>Staff Contact:</b> .	<b>Contact Phone:</b> .

**Description:.**

**FINANCIAL SUMMARY**

<b>Total Contract Value:</b>		<b>MBE/FBE Participation:</b>	
Original Approved Amount: .		Amount: .	%. .
Previous Adjustments: .		Amount: .	%. .
This Request: .		Amount: .	%. .
TOTAL: .		Amount: .	%. .

**Grant Information Summary:**

Amount Requested: .	<input type="checkbox"/>	Cash
Match Required: .	<input type="checkbox"/>	In-Kind
Start Date: .	<input type="checkbox"/>	Approval to Award
End Date: .	<input type="checkbox"/>	Apply & Accept
Match Account \$: .		

<b>Funding Line 1:</b> .	<b>Funding Line 2:</b> .	<b>Funding Line 3:</b> .	<b>Funding Line 4:</b> .
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**KEY CONTRACT TERMS**

<b>Start Date:</b> .	<b>End Date:</b> .
<b>Cost Adjustment:</b> .	<b>Renewal/Extension Terms:</b> .

**ROUTING & APPROVALS**  
(Do not edit below this line)

X	Originating Department:	Hermon, Kenneth	Date: 11/12/2019
X	County Attorney:	Martinez, Dominique	Date: 11/12/2019
.	Purchasing/Contract Compliance:	.	Date: .
.	Finance/Budget Analyst/Grants Admin:	.	Date: .
.	Grants Management:	.	Date: .
X	County Manager:	Anderson, Dick	Date: 11/13/2019