

Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 09/07/2022	PREPARED BY: Office of Public Defense
Meeting Date Requested: 09/13/2022	PRESENTED BY: Office of Public Defense
ITEM: (Select One) <input type="checkbox"/> Consent Agenda <input checked="" type="checkbox"/> Brought Before the Board Time needed: 10 minutes	
SUBJECT: Approval to Hire Public Defense Attorney II at Step 4	
2022 FISCAL IMPACT: \$5,107.00	
<p>BACKGROUND: The Franklin County defense panel is currently composed in the main of independent contractors. As you know we have had prior discussions about incrementally changing that composition to include employee status for those who are wishing to transition, or new candidates.</p> <p>This is a request for a new hire who comes to us highly recommended and able to immediately assume the duties to provide felony coverage. Our negotiations have arrived at an agreed entry level of grade 20 step 4.</p> <p>We are asking that so as to keep this persons compensation reasonably comparable to that enjoyed by other panel members particularly as regards the increases envisioned for 2023. This number is also comparable to prosecutorial rates of compensation.</p> <p>Approval of this request bodes well for not only where we are now but the goal that we are aspiring to as regards future coverage requirements.</p>	
RECOMMENDATION: Approve to hire new hire at grade 20 step 4	
COORDINATION:	
ATTACHMENTS: (Documents you are submitting to the Board)	
ASR	
Resolution	
PAF	
Change Request Form	
HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> of parties that will need a pdf)	
Accounting	

I certify the above information is accurate and complete.

Larry Zeigler, OPD Manager

FRANKLIN COUNTY RESOLUTION _____

*BEFORE THE BOARD OF COMMISSIONERS
OF FRANKLIN COUNTY, WASHINGTON*

STEP EXCEPTION TO HIRE EMPLOYEE ATTORNEY POSITION WITHIN THE OFFICE OF PUBLIC DEFENSE

WHEREAS, Franklin County is obligated by law to provide indigent defense services in Franklin County Superior Court; and

WHEREAS, hiring has been very competitive within the area to fill said vacancy for public defense attorney; and

WHEREAS, we have offered the position to a qualified candidate willing and able to accept felony appointments; and

WHEREAS, qualified candidate and OPD have negotiated the comparable compensation to start this new hire at grade 20 step 4.

NOW THEREFORE, BE IT RESOLVED THAT that the Board of County Commissioners hereby approves the step exception, and agree to offer the applicant for the Public Defense Attorney II position as grade 20 step 4.

DATED this day of , 20

**BOARD OF COUNTY COMMISSIONERS
FRANKLIN COUNTY, WASHINGTON**

Chair

Chair Pro Tem

Member

ATTEST:

Clerk of the Board

2022 POSITION CHANGE BUDGET REQUEST FORM
USE THIS FORM FOR COMPENSATION CHANGES TO AN EXISTING POSITION

Department OPD

Position Title Public Defense Attorney II

Bargaining Unit NON BARGAINING, 8-hour day

Employee Name
(if applicable)

Date of Next Scheduled Step Increase (if applicable)

Will this request reset the anniversary date? **YES** If YES, new date of next step increase: 9/23/2023

Is the employee's current salary frozen? **NO** If YES, enter current bi-weekly salary:

Current Grade	<u>20</u>	Requested Grade	<u>20</u>
Current Step (as of 1/1/22)	<u>1</u>	Requested Step	<u>4</u>
Current Hours per Week	<u>40.00</u>	Requested Hours per Week	<u>40.00</u>
Current Salary	\$ 82,680.00	Requested Salary	\$ 95,805.00

Has HR reviewed the request and made a compensation recommendation? **NO**

Is the requested grade consistent with HR's recommendation? **NO**

Is the position already eligible for health benefits? **YES**

If not, does this request include the addition of health benefits? **NO**

Is the position eligible for retirement benefits? **YES**

Requested effective date of change: 9/23/2022

JUSTIFICATION:

Cost Calculation

(See Attachment B1 for current rates depending on bargaining unit)

Gross Pay (Increase in Annual Salary) \$ 4,375.00

(Number includes adjustment for budgeted payroll accrual at year-end)

FICA/Medicare 335.00

Health Benefits -

Retirement 449.00

Labor & Industries -

Paid Family Medical Leave 8.00

Subtotal Benefits \$ 792.00

Total Cost of Request \$ 5,167.00

Dept Head Signature: 



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

☒ New Hire ☐ Re-Hire ☐ Position Change ☐ Pay Change ☐ Employment Separation ☐ Leave

Employee Name: _____ Effective Date of Change: 09/23/2022

Department: Office of Public Defense

Submitted Date: 09/13/2022

☒ New Hire ☐ Position Change* ☐ *Action Type: Select one- Required
☐ Re-Hire ☐ Pay Change* ☐ Performance Evaluation: Select one

For position changes/new hire/re-hire
Please select at least one from each column below

Job Title:	Public Defense Attorney II
Department Title:	Office Of Public Defense
Department ID #:	101180
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	20/4
Resolution #: <small>(If Applicable)</small>	2022-

Employment Type	Schedule
<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> 7.5 Hours/Day
<input type="checkbox"/> Part-Time	<input checked="" type="checkbox"/> 8 Hours/Day
<input type="checkbox"/> Seasonal/ Temporary	<input type="checkbox"/> Public Safety
# of Months: _____ <small>(Maximum 120 Working Days)</small>	<input type="checkbox"/> Flex
<input type="checkbox"/> Variable/ On-call	<input type="checkbox"/> Hourly
<input type="checkbox"/> Provisional	# Hours/Day: _____
	# Days/Week: _____

Comments:

Step Exception/Board Resolution

Employee Separation:

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

* Please submit payout form to HR
following employee's last date physically worked

Separation Type:

(Select one, please submit corresponding notice with PAF)

☐ Voluntary Termination
☐ Involuntary Termination

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ Family and Medical Leave (Report hours used to HR for tracking) ☐ Paid
☐ Military (Report hours used to HR for tracking) ☐ Unpaid
☐ Administrative
☐ Other (Please Specify): _____

Authorization/Approval Signatures

Commissioner (If Applicable)	X	____/____/20__
Elected Official/Department Head	X	____/____/20__
Supervisor (If Applicable)	X	____/____/20__
Human Resources	X	____/____/20__

For Human Resources Use Only:

☐ Original Document- HR ☐ Electronic Copy- Payroll ☐ Electronic Copy- EO/Dept. Head ☐ Salary Matrix Wage Verification - Matrix Resolution #: _____
☐ Entered into One Solution - PCN #: _____ Term Cd 2: _____ ☐ Entered into Benefits Admin System
☐ HR Audit _____

Revised 12/2021