

## Agenda Summary Report (ASR)

Franklin County Board of Commissioners

<b>DATE SUBMITTED:</b> 02-03-2023	<b>PREPARED BY:</b> Sheryl Brunk
<b>Meeting Date Requested:</b> 2/14/2023	<b>PRESENTED BY:</b> Jim Raymond
<b>ITEM:</b> (Select One)          Consent Agenda                      x    Brought Before the Board Time needed: 10 minutes	
<b>SUBJECT:</b> Approval to Hire Corrections Deputy at Step 3	
<b>FISCAL IMPACT:</b> \$5,423 annual impact for 2023	
<p><b>BACKGROUND:</b> The Sheriff currently has 8 openings in Corrections. One of these openings will be filled by Bryce Mintz. The Sheriff is requesting to hire B Mintz at Step 3 of the salary schedule (\$28.00/hour) to recognize his background and experience.</p> <p>B Mintz is a lateral entry with over 3 years' experience and training with Oregon Department of Corrections. The Step 1 salary for Corrections is \$52,815.00 so this request amounts to a base salary increase of \$5,423 over the entry level in recognition of training and prior years of service with another agency.</p> <p>The vacancy being filled is budgeted at a step 1, and the fiscal impact will likely be absorbed by other vacancies in the budget</p>	
<b>COORDINATION:</b> Jim Raymond, Keilen Harmon, Sheryl Brunk	
<b>RECOMMENDATION:</b> The Sheriff recommends approval of the Step 3 entry and authorization for the chair to sign the Personnel Action Form	
<b>ATTACHMENTS:</b> (Documents you are submitting to the Board)  PAF – Personnel Action Form, ASR, Resolution	
<b>HANDLING / ROUTING:</b> (Once document is fully executed it will be imported into Document Manager. Please list name(s) of party(s) that will need a pdf.) Jim Raymond, Keilen Harmon, Sheryl Brunk, HR	

*I certify the above information is accurate and complete.*

Name: Sheryl Burke

Title: *Captain*

**FRANKLIN COUNTY RESOLUTION \_\_\_\_\_**

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

***Re: Approval to Hire Corrections Deputy at Step 3***

**WHEREAS**, Franklin County Corrections currently has 8 open positions that need to be filled;  
and

**WHEREAS**, a prospective employee, Bryce Mintz has been offered a Corrections Deputy position  
which entry level is Step 1 on the salary schedule; and

**WHEREAS**, Bryce Mintz is a lateral entry with over 3 years' experience and training with Oregon  
Department of Corrections; and

**WHEREAS**, which step 3 would recognize the training and prior years of service with another  
agency; and

**NOW, THEREFORE, BE IT RESOLVED** that the Franklin County Board of Commissioners  
hereby approve the step 3 increase.

**APPROVED** this 14th day of February 2023.

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

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Chair Pro Tem

\_\_\_\_\_  
Member

**ATTEST:**

\_\_\_\_\_  
Clerk to the Board



# 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: Bryce Mintz Effective Date of Change: 02.13.2023

Department: Corrections Submitted Date: 02.14.2023

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

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

Job Title:	Corrections Deputy
Department Title:	Corrections
Department ID #:	001-000-540
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	Step 3
Resolution #: <small>(If Applicable)</small>	

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

Comments:

per resolution

## Employee Separation:

### Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: \_\_\_\_\_

☐ Voluntary Termination  
☐ Involuntary Termination

Leave hours to Pay Out?

☐ Yes\* ☐ No

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

## Leave:

Last Date Physically Worked: \_\_\_\_\_

☐ 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): \_\_\_\_\_

Leave Begin Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

### 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