

# Agenda Summary Report (ASR)

## Franklin County Board of Commissioners

<b>DATE SUBMITTED:</b> May 31, 2023	<b>PREPARED BY:</b> Jennifer Medelez
<b>Meeting Date Requested:</b> June 06, 2023	<b>PRESENTED BY:</b> Mike Gonzalez
<b>ITEM:</b> (Select One) <input checked="" type="checkbox"/> Consent Agenda <input type="checkbox"/> Brought Before the Board Time needed:	
<b>SUBJECT:</b> Approval to hire Administrative Office Assistant at Grade 14 Step 4	
<b>FISCAL IMPACT:</b> \$5,880 annual impact.	
<b>BACKGROUND:</b> Franklin County Administration has a vacant Office Assistant position available. Franklin County Administration has had a difficult time finding a qualified applicant to maintain this position due to the multifaceted job tasks. Franklin County Administration would like to extend an offer to a qualified candidate with many years of administrative, accounting and county experience that would justify starting at Grade 14 Step 4. The candidate's experience in County Government would be an asset to Franklin County.	
<b>RECOMMENDATION:</b> The Franklin County Administrator recommends approval of the Step 4 entry and authorization for the Chair to sign the Personal Action Form (PAF).	
<b>COORDINATION:</b> On May 31 <sup>st</sup> 2023, This offer is contingent on Board approval.	
<b>ATTACHMENTS:</b> (Documents you are submitting to the Board)  1. ASR/Resolution/Personal Action Form	
<b>HANDLING / ROUTING:</b> (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)  Original to Clerk of the Board  PDF to HR for processing and retention.	

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

\_\_\_\_\_  
Mike Gonzalez, County Administrator

# FRANKLIN COUNTY RESOLUTION ---

*BEFORE THE BOARD OF COMMISSIONERS  
FRANKLIN COUNTY, WASHINGTON*

## **APPROVAL TO HIRE ADMINISTRATIVE OFFICE ASSISTANT AT GRADE 14 STEP 4**

**WHEREAS**, the Administration Office desires to hire an Administrative Office Assistant and bring the candidate on at Grade 14, Step 4; and

**WHEREAS**, this candidate brings many years of experience in Administrative duties and due to the difficulty of this multifaceted and unusual function of this position, which toggles between Administrative duties and Commissioner duties; and,

**WHEREAS**, the Board of County Commissioners understand that finding qualified candidates as well as retention have been a struggle and agree that starting this candidate at Grade 14, Step 4 would be beneficial for the County and the Administration Department, and

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Commissioners hereby approve the step exception, and agree to offer the selected candidate the Administrative Office Assistant position at a Grade 14, Step 4.

**APPROVED** this 6<sup>th</sup> day of June 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: Teresa Alvarez Effective Date of Change: \_\_\_\_\_

Department: Administration/Commissioner's Office

Submitted Date: 06/06/2023

☒ **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:	Office Assistant
Department Title:	Administration
Department ID #:	101680
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	14/4
Resolution #: <small>(If Applicable)</small>	

## Employment Type

☒ Full-Time  
☐ Part-Time  
☐ Seasonal/ Temporary  
# of Months: \_\_\_\_\_  
(Maximum 120 Working Days)  
☐ Variable/ On-call  
☐ Provisional

## Schedule

☒ 7.5 Hours/Day  
☐ 8 Hours/Day  
☐ Public Safety  
☐ Flex  
☐ Hourly  
# Hours/Day: \_\_\_\_\_  
# Days/Week: \_\_\_\_\_

Comments:

## 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)  
☐ Military (Report hours used to HR for tracking)  
☐ Administrative  
☐ Other (Please Specify): \_\_\_\_\_

☐ Paid  
☐ Unpaid

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