

Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 02-03-2023	PREPARED BY: Sheryl Brunk
Meeting Date Requested: 07/11/2023	PRESENTED BY: Jim Raymond
ITEM: (Select One) Consent Agenda <input checked="" type="checkbox"/> Brought Before the Board Time needed: 10 minutes	
SUBJECT: Approval to Hire Corrections Deputy at Step 6	
FISCAL IMPACT: \$6,748.08 annual impact for 2023 due to hire date being half way through the year	
<p>BACKGROUND: The Sheriff currently has 14 openings in Corrections. One of these openings will be filled by Renee Rafiei. The Sheriff is requesting to hire R Rafiei at Step 6 of the salary schedule (\$32.42/hour) to recognize her background and experience.</p> <p>R Rafiei is a rehire lateral entry with over 5 years' experience with Franklin County Corrections and 2 years' experience as a Police Officer in Detroit Michigan.</p> <p>The Step 1 salary for Corrections is \$52,815.00 so this request amounts to a base salary increase of \$14,621 over the entry level in recognition of training and prior years of service.</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>	
COORDINATION: Jim Raymond, Keilen Harmon, Sheryl Brunk	
RECOMMENDATION: The Sheriff recommends approval of the Step 6 entry and authorization for the chair to sign the Personnel Action Form	
ATTACHMENTS: (Documents you are submitting to the Board) PAF – Personnel Action Form, ASR, Resolution	
HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> 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 Brunk*

Title: *Captain*

FRANKLIN COUNTY RESOLUTION _____

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

Re: Approval to Hire Corrections Deputy at Step 6

WHEREAS, Franklin County Corrections currently has 14 open positions that need to be filled;
and

WHEREAS, a prospective employee, Renee Rafiei, has been offered a Corrections Deputy
positon, and

WHEREAS, Renee Rafiei is a rehire lateral entry with experience and training with Franklin
County Corrections, and

WHEREAS, which step 6 would recognize the training and prior years of service with Franklin
County Corrections; and

NOW, THEREFORE, BE IT RESOLVED that the Franklin County Board of Commissioners
hereby approve the step 6 increase.

APPROVED this 11th day of July, 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: Renee Rafiei Effective Date of Change: 7/18/2023

Department: CORRECTIONS Submitted Date: 06/14/2023

☐ 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

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: _____

Job Title:	Corrections Deputy
Department Title:	Corrections
Department ID #:	540
Grade/Step: (If N/A, enter Salary or Hourly rate)	Step 6
Resolution #: (If Applicable)	

Comments:

Employee Separation:

Separation Type:

(Select one, please submit corresponding notice with PAF)

Last Date Physically Worked: _____

Leave hours to Pay Out?

☐ Yes* ☐ No

☐ Voluntary Termination
☐ Involuntary Termination

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

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

☐ 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

Authorization/Approval Signatures

Commissioner (If Applicable)

X

Elected Official/Department Head

X

Supervisor (If Applicable)

X

Human Resources

X

_____/_____/20__

6/14/2023

_____/_____/20__

_____/_____/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