

# Agenda Summary Report (ASR)

## Franklin County Board of Commissioners

<b>DATE SUBMITTED:</b> 07-05-2023	<b>PREPARED BY:</b> Commander K Harmon
<b>Meeting Date Requested:</b> 07-18-2023	<b>PRESENTED BY:</b> Commander K Harmon
<b>ITEM:</b> (Select One)      Consent Agenda      Brought Before the Board Time needed: 5 minutes	
<b>SUBJECT:</b> Approval for Step Increase to Step 6	
<b>FISCAL IMPACT:</b> \$9,198.00 annual impact to the 2023 due to being half way through the year.	
<b>BACKGROUND:</b> The Sheriff Currently has 10 openings in Corrections. The Sheriff is requesting a step increase in Salary to Step 6 of the salary schedule (\$32.42/hour) to recognize her background and experience.  Heather Small has been with Franklin County Corrections 1 Year and comes to the Sheriff's Office from Coyote Ridge where she was employed for 3 years as a Corrections Officer.  The Step 3 salary for Corrections is \$58,238.00. So this request amounts to a Step 6 increase of \$9,198.00 over the step 3 in recognition of Training, and Prior years of service.	
<b>COORDINATION:</b> Jim Raymond, Keilen Harmon, Sheryl Brunk	
<b>RECOMMENDATION:</b> The Sheriff recommends approval of the Step 6 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 <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:



Title:



FRANKLIN COUNTY RESOLUTION **2023-202**

BEFORE THE BOARD OF COMMISSIONERS  
FRANKLIN COUNTY, WASHINGTON

*Re: Approval for Step Increase for Corrections Deputy at Step 6*

**WHEREAS**, Franklin County Corrections currently has 10 open positions that need to be filled;  
and

**WHEREAS**, a Current Employee, Heather Small, with the Sheriff's Office for One Year, and

**WHEREAS**, Heather Small is a lateral entry with experience and training from Coyote Ridge,  
and

**WHEREAS**, which step 6 would recognize the training and completion of 1 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 18<sup>th</sup> 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: Heather Small

Effective Date of Change: 06/22/2023

Department: CORRECTIONS

Submitted Date: 07/06/2023

☐ New Hire ☐ Position Change\* ☐ \*Action Type: Length of Service Increase  
☐ 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:

Corrections Deputy

Department Title:

Corrections

Department ID #:

001-000-540

Grade/Step:

(If N/A, enter Salary or Hourly rate)

Corr/dpty/06

Resolution #:

(If Applicable)

## 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:

Step Increase from Step 3 to Step 6 for Credit for years of service

## 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\_\_

7/16/2023

7/8/2023

\_\_\_\_\_/\_\_\_\_\_/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