

RESOLUTION NO.: 103—2017-18

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

MAJORITY

1 The County Executive has requested the following position, and the same has been
2 included in the 2018 COUNTY EXECUTIVE BUDGET:

3
4 Eliminate: (2) Full-time Shift Supervisor

5
6 NOW THEREFORE, the undersigned members of the Legislative/Audit & Human Resources
7 Committee recommend adoption of the following resolution.

8 BE IT RESOLVED, that the Outagamie County Board of Supervisors does hereby and herewith
9 authorize and approve of amending the TABLE OF ORGANIZATION FOR THE SHERIFF’S
10 DEPARTMENT, COST CENTER, 1008013, by eliminating (2) full-time Communication Shift
11 Supervisor positions effective January 1, 2018, as described in the attached which by reference are made
12 a part hereof, and

13 BE IT FURTHER RESOLVED, that the aforementioned budget is hereby confirmed to include
14 the new position(s) and the attendant budget expenditures and revenues as are detailed in the attached,
15 and

16 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
17 of this resolution to the Outagamie County Sheriff and the Outagamie County Human Resources
18 Department.

19 Dated this ____ day of November 2017

20
21 Respectfully Submitted,

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23 LEGISLATIVE/AUDIT &
24 HUMAN RESOURCES COMMITTEE

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Travis Thyssen

Cathy Spears

Shane Griesbach

Patrick Meyer

John Foss

Duly and officially adopted by the County Board on: _____

Signed: _____
Board Chairperson

County Clerk

Approved: _____

Vetoed: _____

Signed: _____
County Executive



Organizational Change Request

Every effort should be made to complete these requests during the annual budget process. Exceptions will be considered outside the budget process when appropriate and necessary

This form contains four separate parts. Title Changes require only Part I and Part II to be completed. Forms should be thoroughly completed and submitted to the Human Resources Director. If you have questions when completing this form, please contact the Human Resources Director at 832-1670 or lisa.lux@outagamie.org.

PART I: GENERAL INFORMATION

Change(s) being Requested: Delete a Position from TO

Effective Date of Change: 1/1/2018

Department: Sheriff

Department Head: Bradley Gehring

Cost Center: 1008013

Employee Group: AS&P

Justification for Change:

(Include: key benefits of adding position, impact of not adding position, amount of overtime currently being worked, backlog situation, etc... Avoid generalities and provide specific data points.)

Other Alternatives Considered:

- Temporary Help Part-Time vs. Full-Time Help from other depts.
- Use of Overtime Process Improvements

Fiscal Impact of Change:

- Cost Neutral Cost Reduction Cost Increase

FTE Headcount Impact of Change*:

- Headcount Neutral Headcount Reduction Headcount Increase

(*note: any change in FTE count or substantial fiscal impact requires approval by Committee of Jurisdiction, Finance Committee, Leg/Audit/HR Committee, and Board of Supervisors.)



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PART II: CHANGE DETAILS - Complete the appropriate section below for the type of change being requested.

POSITION DELETION (i.e. deletion of entire position or one or more of the same position)

Position Title: Communications Shift Supervisor

Type of Deletion: Remove position title completely Reduce position count*

*If reduction – reduce by how many? 2 Communications Shift Supervisors

Position is: Full-Time: Part-Time:

Additional Communications/Approval Required:

- Inform Committee of Jurisdiction
- Inform Leg/Audit/HR Committee
- Board of Supervisors Approval – *only if outside of budget process and if change impacts overall department FTE count or has significant fiscal impact.*

PART III: CURRENT AND FUTURE ORG VISUAL

Attach a copy of your current Table of Organization and proposed Table of Organization for any change(s) indicated in this document.

PART IV: FINANCIAL DATA - List the total expenditures, revenues and savings pertaining to this request.

ANNUAL CURRENT EXPENDITURES

Salary	\$ 0
Fringe Benefits	\$ 0
Travel/Training	\$
Supplies	\$
Purchased	\$
Capital Outlay	\$
TOTAL	\$ 0

ANNUAL PROPOSED EXPENDITURES

Salary	\$
Fringe Benefits	\$
Travel/Training	\$
Supplies	\$
Purchased	\$
Capital Outlay	\$
TOTAL	\$

REVENUES

Description:

	\$
	\$
TOTAL	\$



Organizational Change Request

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COST SAVINGS

Description:

	\$ 0
	\$
TOTAL	\$ 0

* If you are requesting a position that will only be funded initially for a part of a year, please complete the Annual Salary and Annual Fringe Benefits Cost using the annual cost based on the start date of the change.

NOTE: If any changes are made in the above budget, please contact Human Resources Department, Lisa Lux, ext. 1670, **and** Financial Services, Brian Massey, ext. 1675 or Julie Beauchamp, ext. 1674. It is extremely important that the information contained here match the figures shown in the budget.

Reviewed By:	<input type="checkbox"/>	Date: Click here to enter a date.
Department Head:	<input checked="" type="checkbox"/>	Date: 9/11/2017
HR Director:	<input type="checkbox"/>	Date: Click here to enter a date.
County Executive:	<input type="checkbox"/>	Date: Click here to enter a date.

REQUEST:

Approved Denied

Resolution Number: Click here to enter text.