

RESOLUTION NO.: 66—2019-20

TO THE HONORABLE, THE OUTAGAMIE COUNTY BOARD OF SUPERVISORS

LADIES AND GENTLEMEN:

2/3 MAJORITY – 24 VOTES

1 The Brewster Village Wellness Nurse position, Neighborhood Coordinator position, and
2 Nurse Specialist position have been reviewed by the Human Resources department
3 relating to the Fair Labor Standards Act classifications. As a result of that review, it has
4 been determined that these positions are in the wrong classification based on the current
5 responsibilities of each position. The three positions should move from exempt to non-
6 exempt. The salary range will remain the same for each of the three positions. As these
7 positions will be non-exempt and eligible for overtime, it is not anticipated, however, if
8 warranted, the cost would not be material. Any potential overtime costs could be
9 absorbed within the existing budget. As there is no anticipated change in the salary or
10 fringe benefits at this time, the net impact is budget neutral and does not require a budget
11 adjustment for this request.

12
13 NOW THEREFORE, the undersigned members of the Legislative/Audit and Human Resources
14 Committee recommend adoption of the following resolution.

15 BE IT RESOLVED, that the Outagamie County Board of Supervisors does approve the request
16 for the re-classification of the Brewster Village Wellness Nurse position, Neighborhood Coordinator
17 position, and Nurse Specialist position to move from exempt to non-exempt effective October 1, 2019,
18 with no budget adjustment needed in the 2019 Adopted Budget as noted on the attached
19 Classification/Grade/Employee Group Change forms and fiscal note which by reference are made a part
20 hereof, and

21 BE IT FINALLY RESOLVED, that the Outagamie County Clerk be directed to forward a copy
22 of this resolution to the Outagamie County Human Resources Director, the Outagamie County Brewster
23 Village Administrator, and the Outagamie County Finance Director.

24 Dated this ____ day of September 2019

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Respectfully submitted,
LEGISLATIVE/AUDIT & HUMAN RESOURCES
COMMITTEE

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Travis Thyssen

Cathy Spears

Curt Konetzke

Jerry Iverson

Nick Thyssen

Duly and officially adopted by the County Board on: _____

Signed: _____
Board Chairperson

County Clerk

Approved: _____

Vetoed: _____

Signed: _____
County Executive



CLASSIFICATION/GRADE/EMPLOYEE GROUP CHANGE

Complete this form AND provide a visual of your proposed Table of Organization AND a copy of the job description/class specification for the position request below.

All sections of this form must be completed – if a section does not apply to the change populate with N/A.

This change is being requested: as part of the annual budget process. outside the annual budget process.

(Note: Any requests outside of the annual budget process require a 2/3 vote of the County Board to be approved rather than the majority vote required during the budget.)

- 1. Department Head: **Morgan Hinkley**
- 2. Department: **Brewster Village**
- 3. Cost Center Number: **5017665**
- 4. Position Title: **Wellness Nurse**
- 5. Position is: Full Time Part Time Seasonal
- 6. Current Classification: **Exempt/Salaried** New Classification: **Non-Exempt/Hourly**
- 7. Current Grade: **E8** New Grade: **NE9A**
- 8. Current Employee Group: **AS&P** New Employee Group: **n/a**
- 9. Effective Date: **10/1/2019**
- 10. Briefly summarize why this change is needed: **This position has been reviewed and has been determined to be in the wrong FLSA classification based on the current responsibilities of the job. The change being requested is to move this position from an exempt classification to a non-exempt classification. The salary range remains the same for this position, so there is no fiscal impact.**

NET BUDGETARY IMPACT	0
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Department Head Review:	Morgan Hinkley	Date: 8/29/2019
Human Resources Review:	Lisa Lux	Date: 8/29/2019

Supporting Documents/Communications/Approval Required:

Administrative -

- Provide a copy of the updated job description/class spec to HR Director for review
- Market Analysis completed (as determined by HR Director – for brand new or upgraded positions only)
- Completed Fiscal Note from/with Finance (if outside budget process)
- Visual of proposed Table of Organization

County Board -

- Inform Committee of Jurisdiction and Finance Committee (if outside budget process)
- Approval to draft Resolution from Leg/Audit/HR Committee and subsequent approval of Classification & Grade Change Request - Wellness Nurse docx



County Board of Supervisors Approval

TO BE COMPLETED BY HUMAN RESOURCES:

Request: Approved Denied

Resolution Number: **Click here to enter text.**



CLASSIFICATION/GRADE/EMPLOYEE GROUP CHANGE

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(Note: Any requests outside of the annual budget process require a 2/3 vote of the County Board to be approved rather than the majority vote required during the budget.)

1. Department Head: **Morgan Hinkley**
2. Department: **Brewster Village**
3. Cost Center Number: **5017665**
4. Position Title: **Neighborhood Coordinator**
5. Position is: Full Time Part Time Seasonal
6. Current Classification: **Exempt/Salaried** New Classification: **Non-Exempt/Hourly**
7. Current Grade: **E10** New Grade: **NE12**
8. Current Employee Group: **AS&P** New Employee Group: **n/a**
9. Effective Date: **10/1/2019**
10. Briefly summarize why this change is needed: **This position has been reviewed and has been determined to be in the wrong FLSA classification based on the current responsibilities of the job. The change being requested is to move this position from an exempt classification to a non-exempt classification. The salary range remains the same for this position, so there is no fiscal impact.**

NET BUDGETARY IMPACT	0
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Department Head Review:	Morgan Hinkley	Date: 8/29/2019
Human Resources Review:	Lisa Lux	Date: 8/29/2019

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- Visual of proposed Table of Organization

County Board -

- Inform Committee of Jurisdiction and Finance Committee (if outside budget process)
Classification & Grade Change Request - Neigh. Coord.docx



- Approval to draft Resolution from Leg/Audit/HR Committee and subsequent approval of
 - County Board of Supervisors Approval
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TO BE COMPLETED BY HUMAN RESOURCES:

Request: Approved Denied

Resolution Number: [Click here to enter text.](#)



CLASSIFICATION/GRADE/EMPLOYEE GROUP CHANGE

Complete this form AND provide a visual of your proposed Table of Organization AND a copy of the job description/class specification for the position request below.

All sections of this form must be completed – if a section does not apply to the change populate with N/A.

This change is being requested: as part of the annual budget process. outside the annual budget process.

(Note: Any requests outside of the annual budget process require a 2/3 vote of the County Board to be approved rather than the majority vote required during the budget.)

- 1. Department Head: **Morgan Hinkley**
- 2. Department: **Brewster Village**
- 3. Cost Center Number: **5017665**
- 4. Position Title: **Nurse Specialist**
- 5. Position is: Full Time Part Time Seasonal
- 6. Current Classification: **Exempt/Salaried** New Classification: **Non-Exempt/Hourly**
- 7. Current Grade: **E10** New Grade: **NE12**
- 8. Current Employee Group: **AS&P** New Employee Group: **n/a**
- 9. Effective Date: **10/1/2019**
- 10. Briefly summarize why this change is needed: **This position has been reviewed and has been determined to be in the wrong FLSA classification based on the current responsibilities of the job. The change being requested is to move this position from an exempt classification to a non-exempt classification. The salary range remains the same for this position, so there is no fiscal impact.**

NET BUDGETARY IMPACT	0
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Department Head Review:	Morgan Hinkley	Date: 8/29/2019
Human Resources Review:	Lisa Lux	Date: 8/29/2019

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- Market Analysis completed (as determined by HR Director – for brand new or upgraded positions only)
- Completed Fiscal Note from/with Finance (if outside budget process)
- Visual of proposed Table of Organization

County Board -

- Inform Committee of Jurisdiction and Finance Committee (if outside budget process)
- Approval to draft Resolution from Leg/Audit/HR Committee and subsequent approval of Classification & Grade Change Request - Nurse Spec.docx



County Board of Supervisors Approval

TO BE COMPLETED BY HUMAN RESOURCES:

Request: Approved Denied

Resolution Number: **Click here to enter text.**

OUTAGAMIE COUNTY FISCAL NOTE

INTRODUCTION: This form must be attached to any resolution or ordinance which contains a spending or revenue proposal. The form should be completed by an individual within the department initiating the resolution or ordinance with assistance from the Financial Services Department. Contact the Finance Director (1675), Controller (1674) or Staff Accountant (1681) for assistance. Once completed, forward a copy of the form to the Financial Services Department for their review. Financial Services will forward a reviewed copy of the fiscal note to Legislative Services.

1. **Subject:** Brewster Village Reclassification of Exempt to Non-Exempt Positions

2. **Description:** This section must be completed for all fiscal notes. Briefly and concisely describe the request. State assumptions used and discuss any current year and long-term fiscal impacts. (A separate attachment can be used)

The following positions have been reviewed by the Human Resources department relating to the Fair Labor Standards Act (FLSA) classifications. As a result of that review, this in-year request is being presented for approval to reclassify the following three positions from exempt to non-exempt: Wellness Nurse, Neighborhood Coordinator and Nurse Specialist. The salary range will remain the same for each of the three positions. As these positions will be non-exempt and eligible for overtime, it is not anticipated but if warranted, the cost would not be material. Any potential overtime costs could be absorbed within the existing budget. As there is no anticipated change in the salary or fringe benefits at this time, the net impact is budget neutral not requiring a budget adjustment for this request.

Current Year Budget Impact (Check one or more of the following boxes)

Revenues Expenses (Cost) None

3. Is the specific cost or revenue included in the current year's budget? yes () no () partially ()

4. If the proposal requests additional spending, can the additional cost be absorbed within the current year's line item? yes () no () n/a ()

5. Is the proposal to accept additional revenues only? yes () no ()

6. Does this request modify/adjust the current year budget? yes () no ()
If no, skip to question 8 below.

7. Detail current year budget changes. Please list cost center name, line item, account number and either the increase or decrease amount. (Please note that all budget adjustments must balance. For example, an increase in an expenditure account must be offset by a decrease in another expenditure account or the contingency fund or an increase in a revenue account or other funding sources such as fund balance applied.)


COST CENTER NAME	LINE ITEM (i.e. Salaries, Supplies, Etc.)	COST CENTER (i.e. 1004100.5100, 1004100.5400, etc.)	(DECREASE) AMOUNT
No budget adjustment needed.			

Annual and Long-Term Impact

8. Is the above Increase/Decrease a nonrecurring one-time expense or revenue? yes () no () n/a ()

9. What is the anticipated annual and/or long-term cost or revenue impact? Annual Cost \$0
Annual Revenue \$0

Fiscal Note Prepared by: Morgan Hinkley/Lisa Lux/Yvette Mueller

For Financial Services purposes only	
Reviewed By:  Date: <u>9/5/18</u>	If expenditures are recorded in the financial system at a level of detail lower than the level 6 as shown above, indicate the specific account numbers and amounts below: <u>Detail Expenditures Account Number</u> <u>Amount</u>
Comments:	