

Agenda Item Form

Agenda Date: 05/04/04

Districts Affected: All

Dept. Head/Contact Information: Buildingg Permits & Inspection, R. Alan Shubert, (915) 541-4556

Type of Agenda Item:

- | | | |
|---|--|--|
| <input type="checkbox"/> Resolution | <input checked="" type="checkbox"/> Staffing Table Changes | <input type="checkbox"/> Board Appointments |
| <input type="checkbox"/> Tax Installment Agreements | <input type="checkbox"/> Tax Refunds | <input type="checkbox"/> Donations |
| <input type="checkbox"/> RFP/ BID/ Best Value Procurement | <input type="checkbox"/> Budget Transfer | <input type="checkbox"/> Item Placed by Citizen |
| <input type="checkbox"/> Application for Facility Use | <input type="checkbox"/> Bldg. Permits/Inspection | <input type="checkbox"/> Introduction of Ordinance |
| <input type="checkbox"/> Interlocal Agreements | <input type="checkbox"/> Contract/Lease Agreement | <input type="checkbox"/> Grant Application |
| <input type="checkbox"/> Other _____ | | |

Funding Source:

- General Fund
 Grant (duration of funds: _____ Months)
 Other Source: _____

Legal:

- Legal Review Required Attorney Assigned (please scroll down): None Approved Denied

Timeline Priority: High Medium Low # of days: _____

Why is this item necessary:

No need for the position of Customer Relations Manager.

Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

Anticipated savings of \$735.31 per week.

Statutory or Citizen Concerns:

N/A

Departmental Concerns:

N/A

2007 APR 29 AM 10 14
CITY CLERK DEPARTMENT

DATE:

CITY OF EL PASO
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 5-4-04

INITIALS 2004-72

Date sent to Personnel:

DEPARTMENT NAME: Building Permits & Inspections	(1) HR DEPARTMENT ID 36000	(2) ATTACHED DOCUMENTATION <input type="checkbox"/> Description of Duties <input type="checkbox"/> Organization Chart	REQUESTED EFFECTIVE DATE:
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A=add
D=delete (3) (4) (5) (6) ACTIONS (7) *R/T/C = Regular, Temporary, Contract *L/U = Classified, Unclassified

A/D	# OF POS	Max Head Count	Business Unit	ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Grnt. (00000000-00000-00000PorG0000)	Position Number(s)	JOB CODE	JOB CLASS TITLE	PLAN GRADE P/M 077	R/T/C	L/U
D	1	0	COFEP	Permits & Documents 36010119-01101-36000	00003395	539900	Customer Relations Manager		R	L
			COFEP							
			COFEP							
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			COFEP							
			COFEP							
			COFEP							

(8) Purpose: Streamline Expanded Program New Program New Facility Other (Explain)

(9) STATEMENT OF NEED / CONSEQUENCES OF NOT APPROVING ACTION(S): competitive reassignment of incumbent - no need for the position of Customer Relations Manager.

ANTICIPATED IMPACT ON:

(10) DEPARTMENT ORGANIZATION/OPERATIONS Allow more inspection without additional positions.	(11) DEPARTMENT BUDGET Anticipated savings of \$735.31 per week.
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(12) DEPARTMENT HEAD SIGNATURE: 	DATE: 4/16/04	BUDGET CHANGE <input type="checkbox"/> Required <input type="checkbox"/> Attached N/A	AMOUNT ADDITIONAL FUNDS \$1,470.62 Biweekly SAVINGS
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PERSONNEL DEPARTMENT RECOMMENDATION

<input checked="" type="checkbox"/> Requested CC and CG is Appropriate <input type="checkbox"/> Change Class To <input type="checkbox"/> Change Grade To	COMMENTS 4-16-04	PERSONNEL DIRECTOR 	DATE 4/22/04
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O.M.B RECOMMENDATION / C.A.O. APPROVAL

COMMENTS: OK! David Amonte 4-26-04

RECOMMENDATION <input checked="" type="checkbox"/> Position(s) Recommended <input type="checkbox"/> Position(s) Not Recommended	CHIEF FINANCIAL OFFICER 	CHIEF ADMINISTRATIVE OFFICER
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APPROVED:
DATE