

# Agenda Item Form

Agenda Date: 08/03/04

Districts Affected: N/A

Dept. Head/Contact Information: Solid Waste Management, Ellen Smyth, (915) 621-6702

## 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:

Position is being filled in order to begin working on consultant's recommendations.

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

Salary & benefits

## Statutory or Citizen Concerns:

None anticipated

## Departmental Concerns:

None anticipated

04 JUL 29 PM 1:47

DATE: 7/29/04

CITY OF EL PASO  
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 8/03/04

INITIALS 2004-84

DEPARTMENT NAME: Solid Waste Management	(1) HR DEPARTMENT ID 34	(2) ATTACHED DOCUMENTATION <input type="checkbox"/> Description of Duties <input type="checkbox"/> Organization Chart	Date sent to Personnel: REQUESTED EFFECTIVE DATE: 8/4/04
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A=add

D=delete (3) (4) (5)

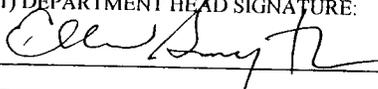
A/D	# OF POS	Max Head Count	Business Unit	(6) ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Gmt. (00000000-00000-00000PorG0000)	JOB CODE	*-Position Type	PLAN GRADE	R/T/C	L/U
A	1	1	COFEP	34010289-40403-34000	5827	Industrial Engineering Associate II	PM 78	R	L
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						

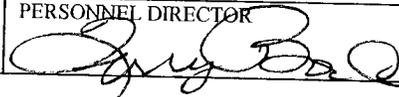
\*R/T/C = Regular, Temporary, Contract  
\*L/U = Classified, Unclassified

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

(8) STATEMENT OF NEED / CONSEQUENCES OF NOT APPROVING ACTION(S):  
**Position is being filled in order to begin working on consultant's recommendations for Solid Waste Management**

(9) DEPARTMENT ORGANIZATION/OPERATIONS	ANTICIPATED IMPACT ON:	(10) DEPARTMENT BUDGET
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(11) DEPARTMENT HEAD SIGNATURE: 	DATE: 7/29/2004	BUDGET CHANGE <input type="checkbox"/> Required <input type="checkbox"/> Attached	AMOUNT ADDITIONAL FUNDS
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<input checked="" type="checkbox"/> Requested CC and CG is Appropriate <input type="checkbox"/> Change Class To <input type="checkbox"/> Change Grade To	PERSONNEL DEPARTMENT RECOMMENDATION COMMENTS	PERSONNEL DIRECTOR 	DATE 7/29/04
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COMMENTS: O.M.B RECOMMENDATION / C.A.O. APPROVAL

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