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CITY OF EL PASO, TEXAS  
DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)

DEPARTMENT: Building & Planning Services, Municipal Services, Quality of Life Services, and Financial & Administrative Services

AGENDA DATE: 11/16/04

CONTACT PERSON/PHONE: City Manager, Joyce A. Wilson, (915) 541-4844

DISTRICT(S) AFFECTED: N/A

SUBJECT:

APPROVE Staffing Table Change Forms to bring positions in line with job specification that was approved at the last meeting.

BACKGROUND / DISCUSSION:

With the adoption of a City Manager form of government the staffing table change was necessary to place all Deputy City Managers into one (1) job classification.

PRIOR COUNCIL ACTION:

Yes, revised job classification on 11/02/04.

AMOUNT AND SOURCE OF FUNDING:

These positions were budgeted for FY/05

BOARD / COMMISSION ACTION:

Approved by the Civil Service Commission on 10/29/04.

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

LEGAL: (if required) \_\_\_\_\_

FINANCE: (if required) \_\_\_\_\_

OTHER:

\_\_\_\_\_  
(Example: if RCA is initiated by Purchasing, client department should sign also)  
*Information copy to appropriate Deputy City Manager*

APPROVED FOR AGENDA:

CITY MANAGER: \_\_\_\_\_

DATE: \_\_\_\_\_

NOV 22 2 10 PM '04

DATE: 10/29/04

CITY OF EL PASO  
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 11/16/04

INITIALS 2005-08

DEPARTMENT NAME: Quality of Life Services	(1) HR DEPARTMENT ID 12	(2) ATTACHED DOCUMENTATION <input type="checkbox"/> Description of Duties <input type="checkbox"/> Organization Chart	Date sent to Human Resources: REQUESTED EFFECTIVE DATE: 11/9/04
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A=add

D=delete

A/D	# OF POS	Max Head Count	Business Unit	(6) ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Grnt. (00000000-00000-00000Por00000)	JOB CODE	*-Position Type	PLAN GRADE	R/T/C	LU
D	1	1	COFEP	12010701-01101-12701	5869	Deputy City Manager	EX A	R	L
A	1	1	COFEP	12010701-01101-12701	5869	Deputy City Manager	EX AA	R	L
			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): As per CSC action of 10/29/04.

ANTICIPATED IMPACT ON:

(9) DEPARTMENT ORGANIZATION/OPERATIONS	(10) DEPARTMENT BUDGET
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(11) DEPARTMENT HEAD SIGNATURE:	DATE:	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 <i>MS</i>	HUMAN RESOURCES DEPARTMENT RECOMMENDATION	
<input type="checkbox"/> Change Class To	COMMENTS	HUMAN RESOURCES DIRECTOR
<input type="checkbox"/> Change Grade To		DATE

*J. Bond* 10/29/04

COMMENTS: O.M.B RECOMMENDATION / CITY MANAGER APPROVAL

RECOMMENDATION <input type="checkbox"/> Position(s) Recommended <input type="checkbox"/> Position(s) Not Recommended	CHIEF FINANCIAL OFFICER	CITY MANAGER <i>George A. Sullivan</i>
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APPROVED: \_\_\_\_\_ DATE \_\_\_\_\_