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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:** _____

2004 NOV 10

DATE: 10/29/04

INITIALS 2005-09

CITY OF EL PASO

STAFFING TABLE CHANGE REQUEST

Date sent to City Council: 11/16/04

Date sent to Human Resources:

DEPARTMENT NAME:	(1) HR DEPARTMENT ID	(2) ATTACHED DOCUMENTATION	REQUESTED EFFECTIVE DATE:
Financial and Administrative Services	10	☐ Description of Duties ☐ Organization Chart	11/9/04

A=add
D=delete

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

(3) (4) (5) (6) ACTIONS *-Position Type

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)	JOB CODE	JOB CLASS TITLE	PLAN GRADE	R/T/C	L/U
D	1	1	COFEP	10010700-01101-10000	5299	Chief Financial Officer/Deputy City Manager	EX AA	R	L
A	1	1	COFEP	10010700-01101-10000	5869	Deputy City Manager	EX AA	R	L
			COFEP						
			COFEP						
			COFEP						
			COFEP						
			COFEP						

(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

(11) DEPARTMENT HEAD SIGNATURE: DATE:	BUDGET CHANGE ☐ Required ☐ Attached	AMOUNT ADDITIONAL FUNDS

HUMAN RESOURCES DEPARTMENT RECOMMENDATION

☒ Requested CC and CG is Appropriate ars ☐ Change Class To ☐ Change Grade To	COMMENTS	HUMAN RESOURCES DIRECTOR: [signature] DATE: 10/29/04

O.M.B RECOMMENDATION / CITY MANAGER APPROVAL

COMMENTS:

RECOMMENDATION	CHIEF FINANCIAL OFFICER	CITY MANAGER
☐ Position(s) Recommended ☐ Position(s) Not Recommended		[signature]

APPROVED: _____ DATE

F-STCR2.DA 10/2/2001