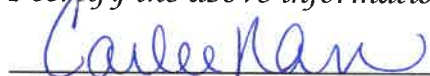


Agenda Summary Report (ASR)

Franklin County Board of Commissioners

DATE SUBMITTED: 3/15/2021	PREPARED BY: Carlee Nave
Meeting Date Requested: 3/23/2021	PRESENTED BY: Carlee Nave and Sheriff Jim Raymond
ITEM: (Select One) <input checked="" type="checkbox"/> Consent Agenda	Brought Before the Board Time needed:
SUBJECT: Approval to Hire Corrections Deputy at Step 3	
FISCAL IMPACT: \$5,773 annual impact / \$4,218 2021 impact (\$0 2021 budget impact)	
BACKGROUND: The Sheriff currently has three openings in Corrections. One of these openings will be filled by I Bergevin on 4/5/2021. The Sheriff is requesting to hire I Bergevin at Step 3 of the salary schedule (\$24.25/hour) to recognize his background and experience. I Bergevin is a lateral entry with about 14 months of correctional experience as well as over a year of military experience. He has completed the Washington State Criminal Justice Training Commission (WSCJTC) Corrections Academy, which will provide a savings to the County of about \$1,400 in direct travel and training costs. The Step 1 salary for Corrections is \$45,750 so this request amounts to a base salary increase of \$4,698 over the entry level in recognition of education, training, and prior service with another agency. The vacancy being filled is budgeted at a Step 2, and the minimal impact is absorbed by other vacancies in the budget.	
RECOMMENDATION: Parties below recommend approval of the Step 3 entry and authorization for the Chair to sign the Personnel Action Form (PAF).	
COORDINATION: The Sheriff brought the request to Human Resources, and upon review it was determined that the request is appropriate given I Bergevin's training and experience in corrections work. Approval of the request is consistent with other step entry exceptions granted in the Corrections Center.	
ATTACHMENTS: (Documents you are submitting to the Board) 1. Personnel Action Form	
HANDLING / ROUTING: (Once document is fully executed it will be imported into Document Manager. Please list <u>name(s)</u> of parties that will need a pdf) Original to HR for processing and retention.	

I certify the above information is accurate and complete.



Carlee Nave, HR Director



Franklin County Personnel Action Form

(Check personnel action below, then fill out corresponding section)

- New Hire**
 Re-Hire
 Position Change
 Pay Change
 Employment Separation
 Leave

Employee Name: Ian James Bergevin Effective Date of Change: April 5, 2021

Department: Corrections Submitted Date: 03/15/2021

- New Hire**
 Position Change
 Action Type: Select one- Required
 Re-Hire
 Pay Change
 Performance Evaluation: Select one- Required
- For position changes/new hire/re-hire
Please select at least one from each column*

Job Title:	Deputy
Department Title:	Corrections
Department ID #:	001-000-540
Grade/Step: <small>(If N/A, enter Salary or Hourly rate)</small>	U9 / 13 / 4
Resolution #: <small>(If Applicable)</small>	

- Employment Type**
- Full-Time
 Part-Time
 Seasonal/ Temporary
 # of Months: _____
(Maximum 120 Working Days)
 Variable/ On-call
 Provisional
- Schedule**
- 7.5 Hours/Day
 8 Hours/Day
 Public Safety
 Flex
 Hourly
 # Hours/Days: _____
 # Hours/Week: _____

Comments: Start date April 5, 2021.

Employee Separation:

Separation Code:

Reason Code:

Last Date Physically Worked: _____

Leave hours to Pay Out? _____

Yes* No

- (Select one, then select reason code)
- Resignation (Attach Resignation Notice)
 Involuntary Termination (Attach Termination Letter)
 End of Assignment
 Retirement (Attach Retirement Notice)
 Quit in Lieu of Involuntary Termination
(Attach Resignation Notice)
 Reduction of Force (Attach RIF Notice)
 Death

- (Select One)
- Attendance
 Gross Misconduct
 Probation
 Job Abandonment
 Separation (Employer Initiated)
 N/A

* Please submit payout form to HR following employee's last date physically worked

Leave:

Last Date Physically Worked: _____

Leave Begin Date: _____

Leave End Date: _____

- FMLA (Report hours used to HR for tracking)
 Military (Report hours used to HR for tracking)
 Administrative
 Other (Please Specify): _____

- Paid
 Unpaid

Authorization/Approval Signatures

Commissioner (If Applicable)	X	_____	____/____/20__
Elected Official/Department Head	X		3/15/2021
Supervisor (If Applicable)	X	_____	____/____/20__
Human Resources	X	_____	____/____/20__

For Human Resources Use Only:

- Original Document- HR
 Electronic Copy- Payroll
 Electronic Copy- EO/Dept. Head
 Salary Matrix Wage Verification - Matrix Resolution #: _____
 Entered into One Solution - PCN #: _____
 Entered into Benefits Admin System
 HR Audit _____