

GENERAL FACT SHEET

03-138

BILL NUMBER

BRIEF TITLE
Amending Pay Schedule

APPROVAL DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Request for an ordinance amending the pay schedule for a certain employee group by changing the title and pay range of the following classification:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">FROM</td> <td style="width: 35%;">CLASS TITLE</td> <td style="width: 50%;">CURRENT PAY RANGE</td> </tr> <tr> <td>1321</td> <td>Workers' Compensation Claims Assistant</td> <td>(E05) \$29,983.20 - \$41,227.68</td> </tr> <tr> <td>TO CLASS</td> <td>PROPOSED CLASS TITLE</td> <td>PROPOSED PAY RANGE</td> </tr> <tr> <td>1321</td> <td>Workers' Compensation Claims Specialist</td> <td>(E07) \$33,053.28 - \$45,448.00</td> </tr> </table>	FROM	CLASS TITLE	CURRENT PAY RANGE	1321	Workers' Compensation Claims Assistant	(E05) \$29,983.20 - \$41,227.68	TO CLASS	PROPOSED CLASS TITLE	PROPOSED PAY RANGE	1321	Workers' Compensation Claims Specialist	(E07) \$33,053.28 - \$45,448.00	Sponsor	Personnel Department
	FROM	CLASS TITLE	CURRENT PAY RANGE											
	1321	Workers' Compensation Claims Assistant	(E05) \$29,983.20 - \$41,227.68											
	TO CLASS	PROPOSED CLASS TITLE	PROPOSED PAY RANGE											
1321	Workers' Compensation Claims Specialist	(E07) \$33,053.28 - \$45,448.00												
Program Departments, or Groups Affected	Personnel Department													
Applicants/Proponents	Applicant City Department Other													
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition												
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against												
	Board or Commission Recommendation	BY Personnel Board <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)												
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass												

DETAILS

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____		
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____		
	FINANCES			
	COST AND REVENUE PROJECTIONS	COST of total project:	\$	
		COST of this Ordinance/ Resolution	\$	
		RELATED annual operating Costs	\$	
		INCREASE REVENUE EXPECTED/YEAR	\$	
SOURCE OF FUNDS	CITY [Approximately]			
	_____	\$	% _____	
	_____	\$	% _____	
	_____	\$	% _____	
	NON CITY [Approximately]			
	_____	\$	% _____	
	_____	\$	% _____	
BENEFIT COST		Average Assessment		
<input type="checkbox"/> Front Foot <input type="checkbox"/> Square Foot		\$ _____	\$ _____	

APPLICABLE DATES: September 8, 2003

FACT SHEET PREPARED BY: Georgia Glass

REVIEW BY:

REFERENCE NUMBER