



STEELE COUNTY
INTERNAL CENTRAL SERVICES COMMITTEE AGENDA
Steele County Administration Center – 630 Florence Avenue – Owatonna, MN 55060

Steele County's Mission – Driven to deliver quality services for Steele County in a respectful and fiscally responsible way (draft)

Wednesday, February 17, 2021 at 8:00 a.m. – Steele County Board Room

Agenda

1. Backfill Maintenance Worker Position

Department Head Reports

Disclaimer: This agenda has been prepared to provide information regarding and upcoming meeting of the Steele County Policy Committee. This document does not claim to be complete and is subject to change.



Steele County Agenda Item

Subject: Backfill Maintenance Worker Position

Department: Building & Grounds

Committee Meeting Date: February 17, 2021

Board Meeting Date: February 23, 2021

Consent Agenda: Yes No

Resolution: Yes No

Policy Committee Recommendation:

Enter the recommendation from the Committee to the Board of Commissioners. This must be filled out for all Board Meeting agenda items. If the item did not go to a committee list as “N/A” or a reason why.

Recommendation:

To Backfill the Maintenance Worker Position

Background (*Including Budget Impact*):

Steve Kasper has given us his retirement notice with March 3rd, 2021 being his last day. We are in the process of combining the Maintenance I and Maintenance II job description into one job description. This will allow us to better serve the departments customers and to become more effective and efficient by having staff trained at each building. This backfilled position will be the filled as a maintenance worker rather than a maintenance worker II.

Attachments:

PRF

**Steele County
Position Requisition Form (PRF)**

Section 1: Current Position Information

Date Prepared: _____

Is this a new position? _____

Title: _____ Division: _____
Former Incumbent: _____ Department: _____
Former Incumbent's Wage: _____ DBM Rating: _____ Step: _____ Full-time/Part-time: _____
Incumbent's Last Working Day: _____

Section 2: Proposed Position Information

Title: _____ Division: _____
Department: _____ Date of Need: _____
Regular/Seasonal/Temporary: _____ <i>If seasonal or temporary, list state/end dates:</i> _____

Section 3: Position Type

____ Supervisory ____ Non-Supervisory Full-time/Part-time: _____ Hours per week: _____

Section 4: Funding Source (Chart of Accounts)

Fund Code: _____ Department: _____ Program Code: _____ Account: _____ % Percentage: _____
Fund Code: _____ Department: _____ Program Code: _____ Account: _____ % Percentage: _____
Target Salary: _____ Estimated Budget Impact: _____
Budgeted position: _____ Reallocation: _____

Section 5: Revenue Source

Grant (Amount/Percent): _____ Reimbursement (Amount/Percent): _____ Levy (Amount/Percent): _____
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Section 6: Justification for Position

1. Can the position be filled by a temporary/part-time employee? Yes _____ No _____
2. Can the job function be restructured in such a way as to:
 - Make the functioning of the department more effective (which may require re-evaluating positions and responsibilities)? Yes _____ No _____
 - Contracting with/purchasing services from another agency/government? Yes _____ No _____
 - Contracting with a consultant/contractor/vendor? Yes _____ No _____
3. Is the position legally mandated and a decision not to fill the position would result in penalties to the County? *If yes, please specify.*

4. Does this position require specialized skills/training/licenses that current staff do not possess? *If yes, please specify.*

5. How is this position critical to achieving departmental goals which are aligned to the strategic initiatives of the County? *Please specify.*

6. Provide additional information to justify fulfilling this position (additional cost savings, programmatic initiatives/needs, supports mandated services, etc.)

7. What options were considered for redistribution of job functions to create efficiencies and salary savings for the County?

- 8. If the position were not filled, indicate the organizational impact and recommended action to address the mission critical duties.

- 9. Will this position require additional resources? (computing equipment, furniture, special accommodations, etc.)

<u>APPROVAL SIGNATURES</u>

Department Head: _____ Date: _____

Division Director: _____ Date: _____
(If Applicable)

Human Resources Director: _____ Date: _____

County Administrator Signature: _____ Date: _____

<u>HR USE ONLY</u>

___ Non-Exempt (OT Eligible) ___ Exempt (OT Ineligible)

Bargaining Unit : _____ DBM Rating: _____

Salary amount budgeted for position: _____