

## Staffing Adjustment Request Form

**Purpose:** To request adjustments to current staffing or to request new personnel.

A continued focus of the budgetary process is to evaluate the current effectiveness of our staffing needs. Requests for new positions will be limited to those which are necessary due to critical needs. In addition, personnel changes will be evaluated on their improvement to County services and how they will coincide with the goals listed in the County's Strategic Plan.

All requests for staffing changes must include this form and *Budget Spreadsheet Addendum* and must be associated with performance measures or goals currently listed in or added to the County of El Paso Strategic Plan.

| Department Information   |  |  |  |  |
|--|--|--|--|--|
| Date of Request: 7/6/2021  |  |  |  |  |
| Department: Public Defender's Office   |  |  |  |  |
| Department Priority (If requesting more than one position,   | please rank requests):   |  |  |  |
| Type of Request: Adjustment of Current Position Reduction in Force (RIF) Other:  | New Position Interdepartmental Transfer Waiver of Vacation Payout Waiting Period |  |  |  |
| Review Period: 🔀 Immediate 🔲 Budget  |  |  |  |  |
| Contact Name: William R "Bill" Cox   |  |  |  |  |
| Contact Phone Number: 915 546-8185 ext. 3569   |  |  |  |  |
| Brief Summary of Request   |  |  |  |  |
| The 48 Hour Bond Review Hearing program runs seven days a week. When the program was launched, as part of a collaboration with other departments and to stretch County fiscal resources, the Public Defender's Office planned to staff its weekend and holiday shifts with attorneys and legal secretaries using the "DIMS" model. After almost two years of operation, it has become clear that we need to have consistent legal secretarial staffing for weekends and holidays to better support our attorneys handling the 48 Hour Bond Hearings and better serve our clients. We are requesting to add a Part Time Legal Secretary Intermediate, working 40 hours per pay period, to the Public Defender staffing table, which will offset much of the "DIMS" model work that has been done by staff secretaries on an overtime basis. |  |  |  |  |
| Requested Action   |  |  |  |  |
| <b>Current Position</b>  | New, Proposed or Transferred Position  |  |  |  |
| Position Control Number:<br>Position Title & Grade:  | Position Title and Grade: Legal Secretary Intermediate                           |  |  |  |
| Position Type:  Full-Time Regular Part-Time Regular Full-Time Temporary Part-Time Temporary  | Position Type:  ☐ Full-Time Regular ☐ Full-Time Temporary ☐ Part-Time Temporary  |  |  |  |

| Funding:  Current General Fund Grant Funds Other Vacancy: Other: | Funding:  ☐ Current General Fund ☐ Grant Funds ☐ Other Vacancy: ☐ Other: |  |  |
|--|--|--|--|
| Account Index:   | Account Index: SG-48HBOND21-PERSONNEL EX                                 |  |  |
| Proposed Effective Date: 08/01/2021                              |  |  |  |
| Description of Request   |  |  |  |
| Link to Ctratagia Plan   |  |  |  |

## Link to Strategic Plan

How does this request support the County's or your department's Strategic Plan?

The requested staffing adjustment furthers the County's strategic goals to lead justice report, strengthen financial health, and value the El Paso County Family. This revision not only better serves our attorneys' logistical support needs, but having consistent legal secretarial support, but also will result in better service to clients, as attorneys will have the information they need as expeditiously as possible. Further, it strengthens financial health by reducing the fiscal costs of the 48 Hour Bond Review Hearing program, and values the El Paso County family by reducing the burden of working recurring overtime shifts on our legal secretarial staff, thus reducing burnout and providing team members weekend time with their families.

## **Anticipated Outcome of Request and Proposed Timeline**

Describe the benefits of this proposal (efficiencies, increased revenue generation, increased service levels, etc).

The 48 Hour Bond Review Hearing program runs seven days a week. When the program was launched, as part of a collaboration with other departments and to stretch County fiscal resources, the Public Defender's Office planned to staff its weekend and holiday shifts with attorneys and legal secretaries using the "DIMS" model. After almost two years of operation, it has become clear that we need to have consistent legal secretarial staffing for weekends and holidays to better support our attorneys handling the 48 Hour Bond Hearings and better serve our clients. Further, by having a part time position to work the weekend shifts, and up to one holiday shift per pay period, we anticipated lowered staffing costs because the compensation will for regular hours worked instead of overtime.

## **Collaboration and Impacts**

Was this proposal discussed with other departments/agencies that provide similar or supporting services that could be impacted? Please describe the impact and list the other departments/agencies and their points of contact. Suggest ways departments/agencies can collaborate to ensure success of the proposal. Consider the strain on other services, duplication of services, etc.

For example: If a new court were to be created, the District Attorney's Office, the County Attorney's Office, the District Clerk's Office and the County Clerk's Office would be impacted because they would have an additional court/customer to which they would need to provide services. Their workloads would be affected and they may or may not currently have the resources to handle an additional customer.

The proposal has been discussed with the Human Resources, Budget, and Auditor's Offices, to confirm the fiscal benefits, and funding availability. In addition, the Texas Indigent Defense Commission, which provides grant funding for the Public Defender's Office's 48 Hour Bond Hearing representation, has indicated that it believes the grant amendment request would be favorably received by its board.

| Space Allocation  If requesting a new or transferred position, is office space currently available?   ☐ Yes ☐ No  |
|---|
| If <b>yes</b> , describe where:   |
| If <b>no</b> , describe plan to acquire space for this proposal. Identify proposed position location <u>and</u> list cost of renovations, if any, on the <b>Budget Spreadsheet Addendum</b> . |
| Equipment Allocation  If requesting a new or transferred position, is equipment (computers, telephones, tools, computer programs, etc) currently available?   ☐ No                            |
| If <b>yes</b> , please describe here: We have basic office equipment available for the LSI to use in performing the job duties.   |
| If <b>no</b> , please describe plan to acquire the equipment <u>and</u> estimate cost of equipment needed on the <b>Budget Spreadsheet Addendum</b> .   |
| Furniture Allocation  If requesting a new or transferred position, is furniture (desk, file cabinets, etc) currently available?   ☑ Yes ☐  No   |
| If <b>yes</b> , please describe here:   |
| If <b>no</b> , please describe plan to acquire furniture <u>and</u> estimate cost of furniture needed on the <b>Budget Spreadsheet Addendum</b> .   |
| Description of Request (continued)  |

| If requesting a new or transfer  | red position, will the position req  | uire a use of a       | County vehicle?   Yes   No  |   |
|--|--|-----------------------|---|---|
| If <b>yes</b> , please describe which v  | ehicle is available:   |                       |   |   |
| If <b>no vehicle is available</b> , pleas<br><b>Budget Spreadsheet Addendu</b>   | se describe plan to acquire a vehi<br><b>m</b>   | cle <u>and</u> estima | te cost of vehicle needed on the  |   |
| Auto Allowance If requesting a new or transfer If yes, please provide HR with  | red position, will the position req  | uire an auto all      | owance?   |   |
| ,  | red position, will the position req<br>nple, through radio or cell phone)<br>supporting documentation.     |                       | yee to be able to contact other  No   |   |
| Training for Credentials/Licens If requesting a new or transfer licensed for a specific job requ   | red position, will the position req  | uire the emplo        | yee to train to be credentialed or  |   |
| If <b>yes</b> , please describe the job <b>Budget Spreadsheet Addendu</b>  |  | ense <u>and</u> estin | nate cost of training needed on the   | Э |
| Uniform and Gear   |  |                       |   |   |
| If requesting a new or transfer  If <b>yes</b> , please describe which t   | red position, will the position req<br>he type of uniform required, fill o<br>Budget Spreadsheet Addendum. |                       |   |   |
| If requesting a new or transfer  If <b>yes</b> , please describe which t   | he type of uniform required, fill o<br>Budget Spreadsheet Addendum.  | ut the chart be       | low and estimate the cost of the  |   |
| If requesting a new or transfer  If <b>yes</b> , please describe which t uniform to the County on the <b>E</b>   | he type of uniform required, fill o Budget Spreadsheet Addendum.  Required?                                |                       | low and estimate the cost of the  Provided by the County?   |   |
| If requesting a new or transfer  If <b>yes</b> , please describe which t uniform to the County on the <b>E</b> Long sleeve shirt   | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?   Yes   No                   | ut the chart be       | ow and estimate the cost of the  Provided by the County?  Yes No  |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt  | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No Yes No  |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants  | he type of uniform required, fill o  Budget Spreadsheet Addendum.  Required?  Yes No  Yes No  Yes No       | ut the chart be       | Provided by the County?  Yes No Yes No Yes No   |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots  | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No Yes No Yes No Yes No Yes No   |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat   | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No   |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves  | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No   |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear  | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No  |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear Goggles                                    | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No   |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear Goggles Apron                              | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No   |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear Goggles Apron Scrubs                       | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No                                    |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear Goggles Apron Scrubs Vest                  | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No                      |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear Goggles Apron Scrubs Vest Officer uniforms | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No |   |
| If requesting a new or transfer  If yes, please describe which t uniform to the County on the E  Long sleeve shirt Short sleeve shirt Pants Boots Coat Gloves Hat or Headgear Goggles Apron Scrubs Vest                  | he type of uniform required, fill o Budget Spreadsheet Addendum.    Required?                              | ut the chart be       | Provided by the County?  Yes No                      |   |

| New Staffing Costs   |
|--|
| To calculate Staffing Cost for adjusted or new position(s), please use the County Pay Scales to calculate total cost |
| on the <b>Budget Spreadsheet Addendum.</b>   |
|  |
| Interdepartmental Transfer Costs (for transferred positions only)  |
| Will the transfer of this position leave duties and responsibilities for other employees within the department to    |
| assume? Tyes No  |
|  |
| If yes, please describe what duties would remain with the department:  |
|  |
| Will the transfer of this position create any additional costs on the new department the position is being           |
| transferred to? Yes No   |
|  |
| If <b>yes</b> , please describe what costs would be incurred by the new department:                                  |
|  |
|  |
| Additional Revenue Source (if any)   |
|  |
| If the request generates additional revenue, list the amount on the <b>Budget Spreadsheet Addendum</b> and list the  |
| assumptions used for the estimate below:   |
|  |
|  |
|  |

Please continue to scroll down for the <u>New Position</u> – Budget Spreadsheet Addendum Form.

| Please complete only the or                          | range fields. The total will be calculated automatically.   |  |
|--|---|--|
| Position:<br>Department:                             |   |  |
| Space, Equipment, and Mis-<br>For New Positions only | cellaneous Cost Estimation  |  |
| Auto Allowance                                       | Chair, cubicle with cabinet, etc  |  |
| Cell Phone Allowance                                 | \$250 depending on port availability and length (costs may vary)  |  |
| Computer/Laptop                                      |   |  |
| Contact from Field Office                            |   |  |
| Desk, Furniture, etc                                 |   |  |
| Network Cabling                                      |   |  |
| Office Supplies                                      |   |  |
| Other  |   |  |
| Renovation/Space Costs                               |   |  |
| Required Training                                    | Credentials/Licenses as listed on Staffing Adjustment<br>Request Form                                     |  |
| Scanner  | \$800   |  |
| Software   | Microsoft Licensing \$529.80: [Microsoft Office \$251.70, Windows \$77.40, Enterprise CAL/Email \$200.70] |  |
| Telephone  | Standard phone set \$200.00   |  |
| Tools  |   |  |
| Training and Travel                                  | All positions have allocated an additional .5% of each salary dollar to create the County Training Budget |  |
| Uniform  | As listed on the Staffing Adjustment Request Form   |  |
| Vehicle  |   |  |
| TOTAL  | Please enter the total cost here:   |  |

followed.

If you have any questions or need assistance when filling out this form, please do not hesitate to contact the Human Resources Department at (915) 546-2218.

When this electronic form has been completed, please submit to: Jesus Alvarado at jesalvarado@epcounty.com.

| <u>S</u> | STAFFING REVIEW COMMITTEE COMMENTS |  |  |  |  |  |
|----------|------------------------------------|--|--|--|--|--|
|          |                                    |  |  |  |  |  |
|          |                                    |  |  |  |  |  |
|          |                                    |  |  |  |  |  |
|          |                                    |  |  |  |  |  |