

**REQUEST FOR LEGISLATIVE ACTION**

**Version 6/10/19**

Completed by County Counselor's Office:

Res/Ord No.: 20225

Sponsor(s): Charlie Franklin

Date: August 12, 2019

<p>SUBJECT</p>	<p>Action Requested  <input checked="" type="checkbox"/> Resolution  <input type="checkbox"/> Ordinance</p> <p>Project/Title: Employment and compensation agreement with Dr. Tarau, Medical Examiner, and Dr. Haldiman, Deputy Medical Examiner.</p>											
<p>BUDGET INFORMATION  <i>To be completed                  By Requesting                  Department and                  Finance</i></p>	<table border="1" data-bbox="316 552 1453 741"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td></td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Source of funding (name of fund) and account code number:</td> <td style="text-align: right;">\$</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required)  <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract:                  Department: _____ Estimated Use: _____</p> <p>Prior Year Budget (if applicable): _____                  Prior Year Actual Amount Spent (if applicable): _____</p>		Amount authorized by this legislation this fiscal year:	\$	Amount previously authorized this fiscal year:		Total amount authorized after this legislative action:	\$	Amount budgeted for this item * (including transfers):	\$	Source of funding (name of fund) and account code number:	\$
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Source of funding (name of fund) and account code number:	\$											
<p>PRIOR LEGISLATION</p>	<p>Prior ordinances and (date): _____                  Prior resolutions and (date): <b>EXO # 19-18</b></p>											
<p>CONTACT INFORMATION</p>	<p>RLA drafted by (name, title, &amp; phone): Ashley Burke, Executive Assistant, 881-3449</p>											
<p>REQUEST SUMMARY</p>	<p>Dr. Marius Tarau and Dr. Lindsay Haldiman requested and reached an agreement with the County Executive for an increase in compensation. Dr. Tarau and Haldiman have both been recruited by competing agencies and offered more money than their current rate of pay. This level of compensation will allow us to retain their services, which are critical to the operations of the Medical Examiner's Office</p>											
<p>CLEARANCE</p>	<p><input type="checkbox"/> Tax Clearance Completed (Purchasing &amp; Department)  <input type="checkbox"/> Business License Verified (Purchasing &amp; Department)  <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p>											
<p>COMPLIANCE</p>	<p><input type="checkbox"/> MBE Goals  <input type="checkbox"/> WBE Goals  <input type="checkbox"/> VBE Goals</p>											
<p>ATTACHMENTS</p>												
<p>REVIEW</p>	<table border="1" data-bbox="300 1696 1537 1942"> <tr> <td>Department Director: <i>N/A</i></td> <td>Date:</td> </tr> <tr> <td>Finance (Budget Approval): <i>[Signature]</i> <i>If applicable</i></td> <td>Date: <i>8-9-2019</i></td> </tr> <tr> <td>Division Manager: <i>[Signature]</i></td> <td>Date: <i>8-9-19</i></td> </tr> <tr> <td>County Counselor's Office: <i>Bryan County</i></td> <td>Date: <i>8/9/19</i></td> </tr> </table>		Department Director: <i>N/A</i>	Date:	Finance (Budget Approval): <i>[Signature]</i> <i>If applicable</i>	Date: <i>8-9-2019</i>	Division Manager: <i>[Signature]</i>	Date: <i>8-9-19</i>	County Counselor's Office: <i>Bryan County</i>	Date: <i>8/9/19</i>		
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Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the \_\_\_\_\_ Fund in \_\_\_\_.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # \_\_\_\_\_
- Funds sufficient for this appropriation are available from the source indicated below.

Account Number:	Account Title:	Amount Not to Exceed:

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.