

REQUEST FOR LEGISLATIVE ACTION










Version 6/10/19

Completed by County Counselor's Office:

Ord#: : 5250

Sponsor(s): Charlie Franklin

Date: August 12, 2019

SUBJECT	<p>Action Requested <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Ordinance</p> <p>Project/Title: Update the Medical Examiner Titles and Pay Ranges in Schedule II (Miscellaneous Positions) of Chapter 2 of the Jackson County Code.</p>										
BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i>	<table border="1" data-bbox="324 556 1453 745"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td style="text-align: right;">\$0</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 checked="" 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:	\$0	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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Amount budgeted for this item * (including transfers):	\$										
Source of funding (name of fund) and account code number:	\$										
PRIOR LEGISLATION	Prior ordinances and (date): _____ Prior resolutions and (date): _____										
CONTACT INFORMATION	RLA drafted by (name, title, & phone): Chris Howard, Executive Assistant, 816-881-3649										
REQUEST SUMMARY	Request an update to Schedule II (Miscellaneous Positions) in Chapter 2 of the Jackson County Code, specifically updating three position titles and salary ranges in the Medical Examiner's Office: -Change the Medical Directors title to Chief Medical Examiner and change the range from \$150,000-\$230,000 to \$230,000-\$325,000 -Add Chief Deputy Medical Examiner with pay range \$210,000-\$270,000 -Change the pay range of the Deputy Medical Examiner from \$130,000-\$190,000 to \$200,000-\$260,000										
CLEARANCE	<input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)										
COMPLIANCE	<input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals										
ATTACHMENTS											
REVIEW	<table border="1" data-bbox="316 1701 1534 1942"> <tr> <td>Department Director: </td> <td>Date: 07/25/19</td> </tr> <tr> <td>Finance (Budget Approval): <i>If applicable</i></td> <td>Date:</td> </tr> <tr> <td>Division Manager: </td> <td>Date: 7-25-19</td> </tr> <tr> <td>County Counselor's Office: </td> <td>Date: 7/25/19</td> </tr> </table>	Department Director: 	Date: 07/25/19	Finance (Budget Approval): <i>If applicable</i>	Date:	Division Manager: 	Date: 7-25-19	County Counselor's Office: 	Date: 7/25/19		
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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.