CITY OF EL PASO, TEXAS
DEPARTMENT HEAD'S SUMMARY REQUEST FOR COUNCIL ACTION (RCA)

DEPARTMENT: **City Manager**

AGENDA DATE: **04/19/05**

CONTACT PERSON/PHONE: **City Manager, Joyce A. Wilson, (915) 541-4844**

DISTRICT(S) AFFECTED: **N/A**

SUBJECT:

APPROVE: Staffing Table Change

BACKGROUND / DISCUSSION:

The creation of this classified position will assist the Chief Internal Auditor with managing and conducting comprehensive financial audits.

PRIOR COUNCIL ACTION:

N/A

AMOUNT AND SOURCE OF FUNDING:

Already budgeted for FY/05.
Fund Source: 15010716-01101-15000

BOARD / COMMISSION ACTION:
Enter appropriate comments or N/A

**********REQUIRED AUTHORIZATION**********

LEGAL: (if required) ____ **FINANCE:** (if required) _____

OTHER: _____

(Example: if RCA is initiated by Purchasing, client department should sign also)
Information copy to appropriate Deputy City Manager

APPROVED FOR AGENDA:

CITY MANAGER: _____ **DATE:** _____

DATE: 4/8/05

INITIALS 2005-75

CITY OF EL PASO
STAFFING TABLE CHANGE REQUEST

Date sent to City Council: _____

Date sent to Human Resources:

DEPARTMENT NAME:	(1) HR DEPARTMENT ID	(2) ATTACHED DOCUMENTATION	REQUESTED EFFECTIVE DATE:
City Manager	15010716	☐ Description of Duties ☐ Organization Chart	4/19/05

A=add
D=delete (3) (4) (5) (6) ACTIONS (7)

*R/T/C = Regular, Temporary, Contract
*-Position Type *L/U = Classified, Unclassified

A/D	# OF POS	Max Head Count	Business Unit	ACCOUNT DESCRIPTION and ACCOUNT CODE Fin. Dept. ID-Fund-Fin. Loc. Proj. or Grnt. (00000000-00000-00000PorG0000)	Position Number(s)	JOB CODE	JOB CLASS TITLE	PLAN GRADE	R/T/C	L/U
A	1	1	COFEP	15010716-01101-15000		5228	Senior Internal Auditor	EX G	R	L
			COFEP							
			COFEP							
			COFEP							
			COFEP							
			COFEP							
			COFEP							

(8) Purpose: ☐ Streamline ☐ Expanded Program ☐ New Program ☐ New Facility ☒ Other (Explain)

(9) STATEMENT OF NEED / CONSEQUENCES OF NOT APPROVING ACTION(S): The creation of this classified position will assist the Chief Internal Auditor with managing and conducting comprehensive financial audits.

ANTICIPATED IMPACT ON:

(10) DEPARTMENT ORGANIZATION/OPERATIONS	(11) DEPARTMENT BUDGET

(12) DEPARTMENT HEAD SIGNATURE: DATE:	BUDGET CHANGE	AMOUNT ADDITIONAL FUNDS
	☐ Required ☐ Attached	

HUMAN RESOURCES DEPARTMENT RECOMMENDATION

☒ Requested CC and CG is Appropriate ok S ☐ Change Class To ☐ Change Grade To	COMMENTS	HUMAN RESOURCES ~~DIRECTOR~~ DATE Gary Ford 4-8-05

O.M.B RECOMMENDATION / CITY MANAGER APPROVAL

COMMENTS:

RECOMMENDATION	CHIEF FINANCIAL OFFICER	CITY MANAGER
☐ Position(s) Recommended ☐ Position(s) Not Recommended		

APPROVED: _____
DATE

F-STCR.dot 10/29/2004