



Study Number: HR Use Only

Section A – DEPARTMENT & CONTACT INFORMATION

Department Name: CONFIRE Department ID: 85570 Division: Admin

Contact for Study

Name: Mike Bell Job Title: Acting Director Phone Number: 909-816-4851

Section B – POSITION/CLASS REQUEST

Number of positions requested: 1-2

Indicate below if position is for **Existing** or **New** Class:

EXISTING CLASS <input type="checkbox"/> Check box and provide information below	NEW CLASS <input checked="" type="checkbox"/> Check box and provide information below
<p>Class Title: _____</p> <p>Job Code: _____ Representation Unit: _____ Salary Range: _____</p> <p>Number of total positions in this class in your department/division: _____</p> <p>Number of vacant positions in this class in your department/division: _____</p> <p>Is classification on Fast Pass list?</p> <p><input type="checkbox"/> Yes Complete Sections A - E and proceed to Section I (no organizational charts needed).</p> <p><input type="checkbox"/> No Complete Sections A – D, F, G, and I. Attach required organizational charts*</p>	<p>Requested New Class Information</p> <p>Class Title: <u>Assistant Director of Communications</u></p> <p>Salary Range: <u>Just below Director (may require adjustment)</u></p> <p>Representation Unit: <u>Exempt</u></p> <p><i>Complete Sections A – D and F - I. Attach required organizational charts*</i></p>

*The following **organizational charts** are **required** before a study is conducted for new position requests that are not Fast Pass:

1. Organizational chart illustrating **current** structure and chain of command, and
2. Organizational chart illustrating **new** structure and chain of command after the addition of the new position(s)/classification.

Both organizational charts must contain class titles and number of filled and vacant positions in each class.

Missing or incomplete organizational charts will delay completion of the study.

Section C – REASON FOR POSITION REQUEST

The following information is required for **all** new position requests including Fast Pass requests:

1. Indicate which of the categories below most closely illustrates the reason(s) for this request:

- Delivery of New Service Approximate start date of new service: _____
- Departmental Reorganization Other – briefly explain: _____
- Permanent Increased Workload – Reason for increased workload: Expanded organization, greater call volume, increased complexity _____

2. Describe the reason for the request, providing additional details about selection(s) above (e.g., describe reason for reorganization and/or increased workload; describe new service and its funding source; list any contracts, grants, new programs, or regulatory/licensing requirements related to this request):

CONFIRE is a stand alone, Board-governed entity, its public safety mission has expanded significantly over the years along with its staff and the complexity of the organization's governance (9-member Board and 9- Member Admin committee). The ability of the Director to remain abreast of developing issues, funding and budget challenges, political matters, changing technology and workforce dynamics is severely challenged by the level of daily management effort needed to manage the organization. There is a need for a clear second in command and a succession planning strategy for the organization to maintain continuity during periods of change and transition. Recent situations have exposed a vulnerability in CONFIRE's ability to absorb sudden changes in leadership and the demands placed on the Director to address the needs and concerns of 18 policy makers representing over 85% of the County's area and population. This classification better positions CONFIRE to meet those demands and address the increasing complexity of its service mission going forward.

3. Is position part of a mandate or law? Yes No

a. If yes, please provide the code, effective date, and a brief description of the mandate/law and how this position will be used to support the new requirements.

4. If Department does not receive requested position, please explain immediate and long-term service impacts of not adding the position.

Increased inefficiency and vulnerability to legal and operational challenges as span of control is compromised. No meaningful succession planning for short or long-term management vacancies. Inability to forecast and adapt to rapidly changing technical and political environments of a board-governed public safety, critical infrastructure entity.

5. Are other classifications currently performing the same or similar job duties? If yes, indicate incumbent name or position number.

The current Director handles all day-to-day concerns as well as executive level needs, which continue to increase.

6. Explain why dividing the duties and responsibilities among existing staff cannot accomplish the workload.

CONFIRE's three organizational divisions have a manager assigned. The Director cannot adequately provide the daily support needed for those critical positions while also addressing the Executive level needs of the organization. All suffer for lack of such support.

Section C continued on next page

7. Will this new position perform, or support functions related to information systems (e.g., software, hardware, infrastructure, etc.), business systems, business applications, programming, or any other technology-related function?

Yes – Complete a and b below No – Proceed to Section D

a. Can duties be performed by an existing position/classification in the Innovation and Technology Department (ITD)? If not, explain why work cannot be performed by a position assigned to ITD?

b. Please provide the names of any applications, systems, or databases that are specific to the work in your department that may help support your request for a new position and/or classification outside of ITD.

Section D – BUDGET & FUNDING INFORMATION

Must be approved and signed by the Budget Contact

The following information is required for all new position requests including Fast Pass requests:

Fiscal Year: 23 Select One: Annual Budget First Quarter Mid-Year

SAP Fund Center: 883 Workers Comp Code: C07 Budgeted Org Chart: ADM

Priority of request if Department is submitting multiple requests (1 being highest priority): 2 (after ECNS Nurse Manager)

1. If you indicated in Section C that the new position is needed to support the **delivery of a new service**, provide the revenue source that is funding this new service.

2. Is requested position vital to revenue streams?

Yes – Explain: _____ No

3. What dedicated sources are there to support ongoing position costs?

Member and contract agencies fund these positions....this position will be funded by some budget adjustments and increases levied on those agencies as approved by its governing Board.

a. If there is not a dedicated funding source, what reductions are being made as an offset and what are the longer-term implications of the reductions?

4. How is the position going to be funded?

Select One: Department Funded General Fund Request Pending Approval

Net County Cost: _____ Dept. Funding Amount: _____ Total Annual Cost: _____

	Funding Source	%	Ongoing or One-Time	Amount \$	Dedicated Funding Stream? (Yes/No)	Comments (Number of positions for each funding source, funding source is pending, etc.)
1	Member & Contract agencies	100	Ongoing	\$125,000-160,000	yes	
2						
3						
4						
5						
Total: <u>100</u>				<u>\$125,000-160,000</u>		

Budget and Funding Information Approved By:

Department Budget Contact Name: Yvette Calimlim

Signature: _____

Date: 8/11/22

Section E – FAST PASS REQUEST ONLY

New position requests for classes that perform routine and specific duties unique to a department may qualify for the Fast Pass streamlined procedure. **Please see [Fast Pass List](#) to verify if requested position is eligible.**

If position request is for a class on Fast Pass list, check the following boxes to confirm that your request is eligible for the Fast Pass process:

- The department will use the position consistent with the primary duties and class concepts described in the class specification.
- The contact person listed in Section A of this form certifies that the Department Head is aware of and approves of this request.

If you checked the boxes above, you may proceed to the signatures page at the end of this form.

If the above checkboxes do not apply to your requested position and/or class is not on Fast Pass List, complete Sections F and G (and H if New Class) as well as signatures page.

Section F – ESSENTIAL DUTIES OF POSITION

Must be approved and signed by Manager or Supervisor

Essential Duties: *Please do not copy from job description. In your own words, provide a detailed description of the primary functions of the position. Be sure to include the most important and most frequently performed duties.* Clearly and concisely describe specific actions. For example, rather than saying, “provide support,” describe specific duties performed in providing support. Incomplete or vague information may delay completion of the study.

Percentage of Time: In the second column, indicate the approximate percentage (%) of time spent performing each specific duty. (Please be sure the percentage of time does not exceed 100%.) Avoid entries 5% or less, group like duties together.

Essential Duties – DO NOT COPY FROM JOB DESCRIPTION	Percentage
Assists the CONFIRE Director in all aspects of managing the daily operations of CONFIRE. Provides direction and supervision of Division Managers, is the Liaison to the CONFIRE Operations Chiefs and Operations Committee, acts as CONFIRE Director as needed.	25%
Directly oversees Communications, EMS and Informations Services Divisions, sets priorities for work and establishes and monitors performance benchmarks for each direct report.	50
Provides mentoring and leadership development support to Managers and Supervisors.	10
Is primary Liasion for CONFIRE with the CONFIRE Operations Chiefs and Operations Committee, attends and assists with facilitating meetings, setting objectives and priorities and monitoring and reporting progress the the CONFIRE Admin Committee	10
Participates in associated professional organizations, County Ops Chiefs, CAL NENA and APCO, attends related training and seminars to increase knowledge of teh field and keep abreast of relevant changes in the industry. Fosters relations with colleagues in Law Enforcment communications centers.	5
Total Percentage	100%

Essential Duties Approved By:

Manager/Supervisor Name: Mike Bell

Signature: _____

Date: 8/11/22

Section G – CHAIN OF COMMAND & SUPERVISORY RESPONSIBILITIES

CHAIN OF COMMAND – Who does this position report to: Director
position/job title

Who reports to this position: Communications Manager Information Services Manager
position/job title position/job title

Nurse (ECNS) Manager
position/job title

position/job title

position/job title

position/job title

SUPERVISORY DUTIES

1a. This position performs **supervisory** duties 1b. This position performs **lead** duties
 Yes No Yes No

2. If yes to 1a or 1b, list the employees supervised or led and include class title and position number:
 Tim Franke, Communications Manager (30720), Nurse Manager (new position, unfilled), IS Manager, Blessing Ugbo (99326)

3. Please check the supervisory or lead duties below that apply to this position:

Hires independently Participates in hiring Assigns work Reviews work
 Has input on work performance evaluations (WPE) Writes WPEs Signs WPEs
 Approves step advances Recommends disciplinary actions Implements disciplinary actions

4. Will position be assigned to Unclassified Service? Yes No

Section H – NEW CLASSIFICATION INFORMATION

1. Why is a new classification necessary?
 CONFIRE will continue to struggle to deliver on its public safety mission if all direction and oversight of the day to day operation is left to a single person (the Director). Furthermore, without a succession plan, CONFIRE is vulnerable to sudden and/or unforeseen changes in leadership.

2. What classification(s)/position(s) performed duties prior to this request?
Director of Communications

a. Explain why these classifications/positions cannot continue to perform duties?

Span of control, complexity of operations, political dynamics, changing workforce characteristics, continued growth and increasing service demands and expectations of the public and agencies served by CONFIRE

3. Does any law or regulation (e.g., Title 22) require a license, certificate or degree to perform these duties?
No

4. Will position/classification be subject to Conflict-of-Interest Code and Form 700 filing requirements?
[See Conflict of Interest Categories and Definitions](#)
 Yes – Indicate applicable category below No To be determined

If yes, indicate reporting category

Category 1 Category 2 Category 3 Category 4 Category 5

Section I – SIGNATURES

Note: Organizational charts must be submitted with all position requests, except Fast Pass, as instructed in Section B of this form. **Incomplete information, missing signatures, or missing organizational charts will delay completion of the study.**

Signatures (a) through (d) in this Section must be obtained **prior** to submitting to CAO - Finance Analyst. CAO-Finance Analyst will forward this Position/Class Request Form to Human Resources once it is reviewed and approved by CAO Finance and Administration.

I certify that the statements made herein are accurate and complete.

a) REQUESTOR	<input checked="" type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
	Name (Print): <u>Mike Bell</u>	Title: <u>Acting Director</u>
	Signature: _____	Date: <u>8-11-22</u>

b) HUMAN RESOURCES BUSINESS PARTNER	<input checked="" type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
	Name (Print): _____	Date: <u>8-11-22</u>
	Signature: _____	

c) DEPARTMENT HEAD	I have reviewed this request, and I certify that this request falls under the following category (select more than one if applicable):			
	<input type="checkbox"/> Mandated Services	<input checked="" type="checkbox"/> Operational Necessity	<input type="checkbox"/> Revenue Generating	<input type="checkbox"/> To Fulfill Board Action To Increase Service(s)
	Name (Print): <u>Mike Bell</u>	Title: <u>Acting Director</u>	Date: <u>8-11-22</u>	

d) EXECUTIVE REVIEWER	<input checked="" type="checkbox"/> I concur with all information in the request.	<input type="checkbox"/> I have additional comments, attached.
	Name (Print): <u>Dan Harker</u>	Title: <u>Chief (Admin Chair)</u>
	Signature: _____	Date: <u>8-11-22</u>

e) CAO FINANCE ANALYST	<input type="checkbox"/> Approval recommended to conduct study	<input type="checkbox"/> Pending Funding/Further Discussion	<input type="checkbox"/> Denied
	Name (Print): _____	Date: _____	
	Signature: _____		

Comments: