# PINAL COUNTY

## **New Position Request Form**

This form is designed to assist you in describing the new position you are requesting and the justification for creating the new position. As the user department and knowledgeable of the position, it is important that the needs for the duties and responsibilities of the position are outlined to Human Resources and the Office Management and Budget in the following form.

Department: Com	munity Development	Division: Customer Service One Stop	
	Name: Karen Bradley	Email: karen.bradley@pinal.gov	
Contact Information	Title: HR Liaison	Phone: 520-866-6675	
1. Introduction and Ba	ckaround.		
	d Background: the principal purpose or function of the r	equested new position.	
	A. Provide background detail as to why an additional postion is needed. (i.e.: changes to law, changes in work demand,		
department reorganization?) This position request is a direct result of the redistricting by the Board of Supervisors. The Mammoth Office was staffed by Supervisor Cavanaugh's staff, but is now in Supervisor McClure's district. Mr. McClure has no staff to support this office. As a result, the Customer Service Division of Community Development has been assigned to staff the Mammoth Office.			
<ul> <li>B. What will the position do? Please provide a detailed description of the position's duties and responsibilities, the estimated percentage of time spent in each, and any prerequisites necessary to perform the essential functions of this new position.</li> <li>In addition to the Customer Service Specialist duties, listed below, additional duties include: Assisting customers with applying for landfill vouchers and online services such as burn permits, paying</li> </ul>			
taxes, search for recorded documents, etc. Customer Service Specialist :Answer telephones continuously to limit client hold time. Maintain a database by entering client and/or patient confidential information. Inform clients and citizens of community and county resources. Determine eligibility and provide accurate scheduling. Maintain database by entering and verifying information and input all data into our system so as to better serve clients. Answer all inquiries by clarifying desired information. Maintain absolute confidentiality of work-related issues, customer records, and restricted County information. Perform other related duties as required.			
C. Are these duties and responsiblilities currently being performed in the department? Yes No No I If yes, provide the classification code and title for the position already performing these duties. B3009			

D. What alternatives were considered? Please provide a description of alternative solutions considered before deciding on a new position. (i.e. change to a process, redistribution of work) and why the new position is considered the best solution.

We considered Supervisor McClure's employee staffing the office. He stated he does not have enough staff to maintain the office. The Customer Service division of Community Development has attempted to staff with existing staff. Unfortunately, this has caused staffing issues in Florence and resulted in overtime and customer service complaints. In addition to having to close the office early for coverage in Florence.

E.	Please provide a department organizati	onal chart showing	how this	position will fit into the current departmental structure.
	Attached Organizational Chart?	Yes 🗾		(If no, please explain in an attachment)

### 2. Position Justification:

If the new position were not to be approved what impact would it have on your department and County business? What are the consequences for failing to have this new position created?
If the position is not approved we will have to close the Mammoth Office permanently and the Eastern portion of Pinal County will be without needed services.

#### 3. Department Funding:

Department: Community Development	Fund Number: 10	
Cost Center: 3160610	Fund Type: General	
Will this be newly funded or will funds be redistributed within the current budget?	New 🎆 Redistribution 🔲	
If new funding, anticipated meeting date in which Board of Supervisors will review.		
If position elimination, please provide position number and budgeted salary.	PCN: Budgeted Salary \$	
Will this position be funded with an Intergovernmental Agreement or Grant?	NO	

#### 5. Additional Comments or Attachments:

	If additional room is needed to answer any of the sections of this f	
or	or comments, please do so below or on an attachment. Indicate an	ny attachments (i.e.: memo, comments, charts, graphs, data)
Ad	Additional attachments? Yes 🔲 No	
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#### 6. Department Approval:

I have reviewed and approve the contents of this new position description. I find the information provided is accurate and complete.		
Elected Official/Department Director or Designee Signature: Date:		
and an Doublettin and	11-28-2022	
Karen Bradley		
(1, y) = (1, x, M) (1, (1, x, M), M) (1, (1, y), (1, y))		

## 7. Human Resources and Budget Review

A. Human Resources Review and Recommendation			
Human Resources has reviewed the new position request and is recommending:			
A current job classification exists within the Pinal County Classification system that is an appropriate job classification for the newly requested position based on the essential duties and responsibilities provided.			
	Classification code and title:Customer Servi	ce Specialist (B2009)	
A new job classification is necessary as there is not an existing job classification that adequately depicts the essential functions of the newly requested position. Please be aware that all new job classifications must be approved by the Board of Supervisors subsequent to the process of classification development and market analysis of similar classifications.			
Human Resources Analyst Kombelle Verdufo Date: 128/2022			
	Director or Designee Signature:	Date:	
0.4	y Eller Sheppard	11/29/2022	
B. Office of Manag	ement and Budget Review		
OMB has reviewed	and found:		
There is su	There is sufficient funding within the current department budget to fund this new position.		
New fundin	g is needed to fund this new position.		
Budget Director or Designee Signature:		Date:	
[			
8. County Manage	er Approval		
Approved Denied			
County Manager or Designee Signature: Date:			
	Department: Community Development		
Submitted By:	Requestor Name: Karen Bradley		
	Position Request Date: 11-28-2022		

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