



COUNTY OF KENDALL, ILLINOIS
COMMITTEE OF THE WHOLE
Kendall County Office Building, 111 W. Fox Street
County Board Room 209, Yorkville, IL 60560
Thursday, September 12, 2024, at 4:30 p.m.
MEETING AGENDA

1. Call to Order and Pledge of Allegiance
2. Roll Call: Matt Kellogg (Chairman), Scott Gengler (Vice-Chair), Zach Bachmann, Brian DeBolt, Elizabeth Flowers, Dan Koukol, Jason Peterson, Ruben Rodriguez, Brooke Shanley, Seth Wormley
3. Approval of Agenda
4. Approval of Claims
5. Committee Reports and Updates
6. New Committee Business
 - A. **Motion to Forward to County Board:** Approval of Ordinance Adopting and Enacting a New Code for Kendall County, Illinois; Providing for the Repeal of Certain Ordinances Not Included Therein; Providing a Penalty for the Violation Thereof; Providing for the Manner for Amending Such Code; And Providing When Such Code and This Ordinance Shall Become Effective (p.2)
 - B. Intergovernmental Personnel Benefit Cooperative (IPBC) Update
 - C. **Motion to Forward to County Board:** Approval of Finance Analyst Job Description (p.5)
 - D. **Motion to Forward to County Board:** Approval of Updated Organizational Chart (p.9)
 - E. **Motion to Forward to County Board:** Approval of an Ordinance Establishing Budget Process Guidelines for Budgeted Positions (p.10)
 - F. Discussion of a Memorandum of Understanding Regarding Budget Process Guidelines for Budgeted Positions with Kendall County Elected Offices
7. Old Committee Business
8. Department Head and Elected Official Reports
9. Public Comment
10. Questions from the Media
11. Chairman's Report

Appointments

Shelley Augustine - Connect Kendall County Commission - Remaining term - November 2024
Jackie Kowalski - Connect Kendall County Commission - Remaining term - November 2024
Joe Renzetti - Connect Kendall County Commission - Remaining term - November 2024
Dale Konicek - Rob Roy Drainage District - 1 year term - September 2025
Dan Nagel - Rob Roy Drainage District - 3-year term - September 2027
Gary Bennett - Rob Roy Drainage District - 2-year term - September 2026
Gary Bennett - Raymond Drainage District - 2-year term - September 2026
Martin H. Myre - Big Slough Drainage District - 3-year term - September 2027
Steve Jorstad - Big Slough Drainage District - 2-year term - September 2026
Richard Thompson - Zoning Board of Appeals (Big Grove) - 5-year term - September 2029
Shelley Senffner - Workforce Development Board - Remaining Term - September 2025
Keith Landovitz - Regional Plan Commission - Remaining Term - January 2025
Tom Kozlowicz - Workforce Development Board - 2-year term - September 2026
Robert Stewart - Morgan Creek Drainage District - 3-year term - September 2027
Jim Hopkins - Morgan Creek Drainage District - 2-year term - September 2026

12. Action Items for County Board
13. Executive Session
14. Adjournment

If special accommodation or arrangements are needed to attend this County meeting, please contact the Administration Office at 630-553-4171, a minimum of 24 hours prior to the meeting time.

Board Chairman

Attest:

-
County Clerk & Recorder

Kendall County Job Description

TITLE: Finance Analyst
DEPARTMENT: Administrative Services
SUPERVISED BY: Deputy County Administrator
FULL TIME/PART TIME: Full Time
FLSA STATUS: Non-Exempt
APPROVED: TBD

I. **Position Summary:**

Under the supervision of the Deputy County Administrator, the Finance Analyst is responsible for performing accounts payable duties such as ensuring that all vendor invoices are accurately recorded and paid on time, as well as maintaining accurate records in Kendall County's accounting system. The Finance Analyst is also responsible for analyzing accounts payable data; preparing financial reports; and utilizing accounts payable data to identify trends, inefficiencies, and opportunities for improvements and/or cost savings.

II. **Essential Duties and Responsibilities:**

- A. Performs account payable duties including, but not limited to the following:
1. Receives and verifies invoices for payment;
 2. Reviews vendor statements and works with applicable department and/or elected office to resolve accounts payable transaction discrepancies;
 3. Ensures expenditures are charged to appropriate accounts;
 4. Reviews the availability of funds for payment of invoices;
 5. Maintains and reconciles accounts payable ledger to validate charges and to ensure accurate and timely payments;
 6. Reviews vendor statements for problems and works with applicable department and/or elected office to resolve problems;
 7. Processes accounts payable invoices;
 8. Complies with the issuance of 1099s, including verifying names, addresses, social security numbers, and the printing/sending and filing with the federal government;
 9. Communicates with vendors, as needed, and investigates and resolves discrepancies in billings and payments; and
 10. Serves as the subject matter expert in the development, implementation, and administration of the County's accounts payable systems.
- B. Implements technology initiatives as it relates to accounts payable and procurement.
- C. Assists in developing, documenting, implementing, and monitoring internal financial and accounts payable controls, policies, and procedures.
- D. Utilizes accounts payable data to identify trends, inefficiencies, and opportunities for improvements and/or cost savings.
- E. Analyzes and reports buying patterns, performance indicators, and financial metrics, and relays conclusions to management.
- F. Researches and prepares financial reports and projects and presents technical data to management and the Kendall County Board.
- G. Assists in preparation of year end reports.
- H. Files all required reports with various Federal, State, and local agencies, as required.
- I. Develops, organizes, and maintains files, documents, and materials related to financial and budgetary practices according to Kendall County policies.
- J. Remains current on finance and budget related information, updates, and other professional literature.

Kendall County Job Description

- K. Attends meetings, conferences, workshops and training sessions as approved or assigned.
- L. Participates in Kendall County Board and Committee meetings as requested, both during and after business hours.
- M. Handles confidential matters daily relating to all functions of Administrative Services, the Kendall County Board, and its committees, and maintains confidentiality of said information.
- N. Complies with all applicable federal and state laws and regulations regarding or relating to assigned job duties including, but not limited to the Illinois Open Meetings Act, the Illinois Freedom of Information Act, and the Illinois Local Records Act.
- O. Complies with all applicable policies and procedures regarding or relating to assigned job duties.
- P. Maintains regular attendance and punctuality.
- Q. Performs other duties as assigned.

III. Supervisory Responsibilities.

This job has no supervisory responsibilities.

IV. Qualifications:

To perform this job successfully, an individual must be able to perform all essential duties satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required for the position.

A. Language Skills:

1. Ability to research, read, and interpret documents and simple instructions.
2. Ability to prepare documents and correspondence.
3. Ability to prepare and present clear, concise administrative and financial reports.
4. Ability to speak effectively with the public, employees, outside entities, vendors, and the County's elected officials and department heads, in both one-on-one and group settings.
5. Requires proficient knowledge of the English language, spelling, and grammar.

B. Mathematical Skills:

1. Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals.
2. Ability to interpret an extensive variety of technical instructions in mathematical or diagrammatic form and deal with several abstract and concrete variables.
3. Ability to exercise independent judgment in gathering and analyzing complex data utilizing statistical methods and a cost center analysis.
4. Ability to skillfully perform detailed statistical analysis of budget activities.
5. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.
6. Ability to read and understand workplace data, such as forms, tables, graphs, schedules etc.

C. Reasoning Ability:

1. Basic understanding of, and ability to conduct cost-benefit analysis.
2. Ability to interpret financial data contained in reports and ledgers.
3. Ability to analyze situations to identify problems, identifying sources of obstacles, and evaluate possible solutions.
4. Ability to apply common sense understanding to carry out instructions furnished in written, oral, or diagram form.

Kendall County Job Description

5. Ability to deal with problems involving several concrete variables in standardized situations.

D. Certificates, Licenses, and Registrations:

1. Any and all certificates and registrations as required for the specific duties performed.

E. Other Skills, Knowledge and Abilities:

1. Proficient in accounts payable software.
2. Thorough understanding of the principles of accounts payable and financial analysis.
3. Thorough understanding of accounting and budgeting principles.
4. Strong organization and multi-tasking skills.
5. Ability to carry out duties with minimal supervision.
6. Ability to research materials and develop reports from information gathered.
7. Ability to maintain confidentiality.
8. Comprehensive understanding of the accounts payable, budget, and finance field and application of advanced principles, techniques, and theory.
9. Excellent prioritization skills and the ability to meet deadlines.
10. The ability to display a positive, cooperative, professional, and team-orientated attitude even in stressful situations.
11. The ability to listen, understand information and ideas, and work effectively with county personnel, department heads, and elected officials.
12. Proficient knowledge of MS Word, Excel, Outlook, PowerPoint.
13. Knowledge of office practices, principles of modern record keeping, set and maintaining filing systems.
14. Skills in operating a personal computer, facsimile machine, and copier.

F. Education and Experience:

1. A Bachelor's degree from an accredited college or university or commensurate experience is preferred. Preferred areas of study/experience are Accounting, Finance, Economics, or related field.
2. At least three (3) years of prior work experience involving accounts payable systems and/or analytical research and reporting of complex financial data is required.

G. Physical Demands:

While performing the duties of this job, the employee must be able to:

1. Frequently sit for long periods of time at a desk or in meetings.
2. Regularly use computers and other electronic equipment to perform assigned job duties.
3. Occasionally lift and/or move up to 40 pounds.
4. Frequently lift and/or move up to 10 pounds.
5. Use hands to finger, handle, or feel.
6. Reach, push, and pull with hands and arms.
7. Specific vision abilities including close and distance vision, as well as depth perception.
8. Travel independently to other County office buildings and to other locations throughout Kendall County and the Chicago region to perform assigned job duties.

Kendall County Job Description

V. Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. While performing the duties of this job, the employee is subject to the following working conditions:

- A.** Mostly inside environmental conditions, except when outside traveling between various buildings/locations in Kendall County and the Chicago region to perform assigned job duties.
- B.** The noise level in the work environment is usually quiet to moderately quiet.
- C.** Employee may be exposed to stressful situations while working with staff, department heads, elected officials, vendors, and the general public.
- D.** Employee may be required to provide their own transportation to travel to and from meetings, training, conferences, etc.
- E.** Employee must be able to perform all assigned job duties during normal business hours and outside of normal business hours, as needed.

By signing my name below, I hereby affirm that I received a copy of this job description.

Employee Receipt Acknowledgement & Signature

Date

Signature of Supervisor

Date

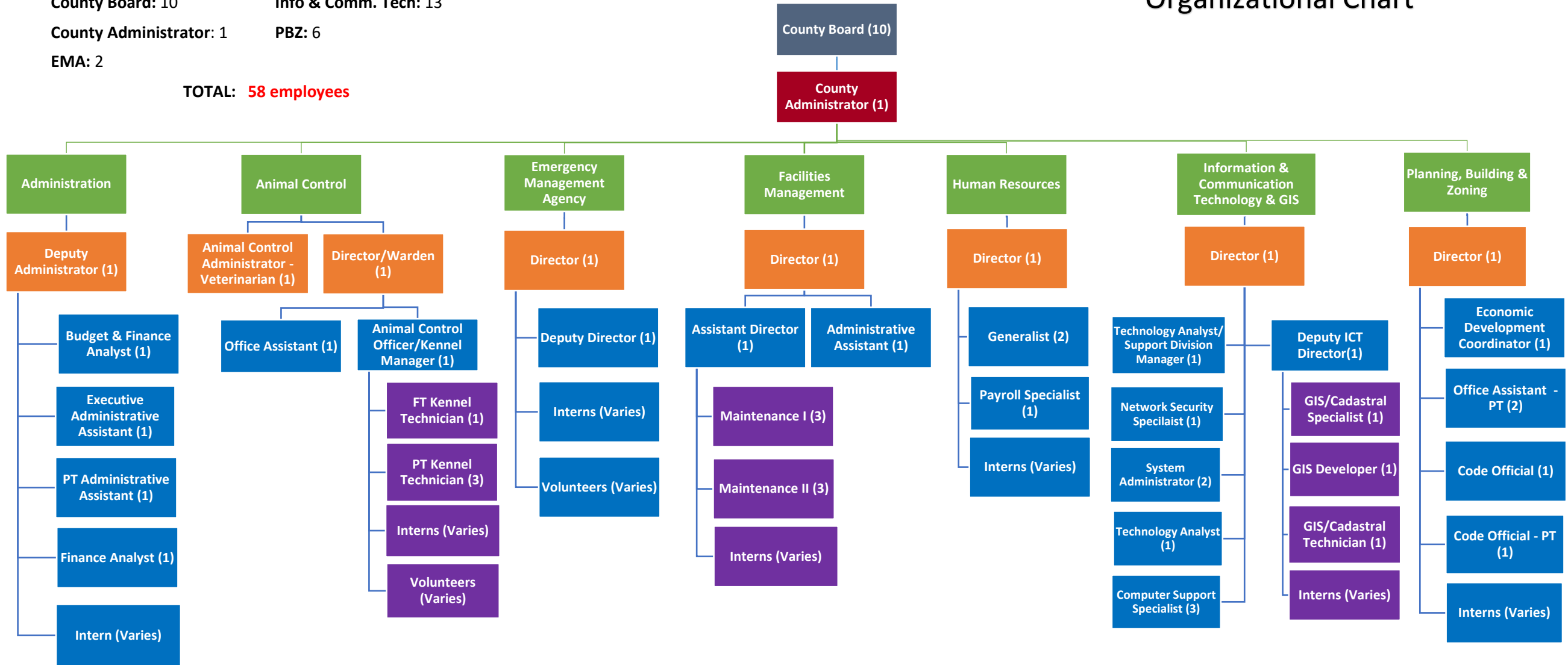
cc: personnel file, employee

APPROVED HEADCOUNT

Administration: 5 Facilities: 9
 Animal Control: 8 Human Resources: 4
 County Board: 10 Info & Comm. Tech: 13
 County Administrator: 1 PBZ: 6
 EMA: 2

TOTAL: 58 employees

Kendall County, Illinois Organizational Chart



All positions listed are full-time unless otherwise noted above.

Approved: 05/21/2024 (Revised: In Progress)



Kendall County Agenda Briefing

Meeting Type: Committee of the Whole
Meeting Date: 9/12/2024
Subject: Budget process guidelines ordinance
Prepared by: Christina Burns, County Administrator
Department: Administration

Action Requested:

Forward to County Board for approval an Ordinance Establishing Budget Process Guidelines for Budgeted Position

Review a draft Memorandum of Understanding Regarding Budget Process Guidelines for Budgeted Positions

Board/Committee Review:

Click or tap here to enter text.

Fiscal impact:

Click or tap here to enter text.

Background and Discussion:

Staff Recommendation:

Attachments:

**ORDINANCE ESTABLISHING
BUDGET PROCESS GUIDELINES FOR BUDGETED POSITIONS**

WHEREAS, the Kendall County Board is the fiscal authority for Kendall County (“County”) government; and

WHEREAS, the Kendall County Board is responsible for the management of County funds and financial operations of the County as well as the risk management functions of the County; and

WHEREAS, the Kendall County Board’s fiscal responsibility requires a systematic personnel budget appropriations procedure that includes review and adjustment of budgeted salary amounts; determination of funds required for requested personnel actions; equitable distribution of funds; and efficient oversight of personnel budget appropriations utilization and approved headcounts throughout the budget period; and

WHEREAS, because the Kendall County Board has the exclusive power to appropriate funds and the corollary duty to exercise fiscal responsibility in the appropriation of public funds for expenditure, and because the Kendall County Board seeks to promote employment best practices, pay equity, and high-quality services to the public in consideration of financial stability, the Kendall County Board adopts the below Ordinance Establishing Budget Process Guidelines for Budgeted Positions;

NOW, THEREFORE, BE IT ORDAINED, by the Kendall County Board as follows:

SECTION 1: Recitals. The foregoing recitals are incorporated into and made a part of this Ordinance as the findings of the Kendall County Board.

SECTION 2: Repeal of Budget Policy Statement: IGAM-05-10, Budget Policy Statement, previously approved by the Kendall County Board on November 29, 2005, is hereby repealed and replaced in its entirety with this Ordinance.

SECTION 3: Repeal of Resolution Regarding Personnel Action Notice Procedures: Kendall County Resolution 23-19, *Resolution Regarding Personnel Action Notice Procedures*, is hereby repealed and replaced in its entirety with this Ordinance.

SECTION 4: Applicability. The provisions of this Ordinance apply to all County departments ~~and elected offices~~ whose personnel budgets are subject to the County Board’s appropriations, including bargaining and non-bargaining positions subject to the County Board’s appropriations (hereinafter referred to as “Department” or “Departments”).

SECTION 5: Definitions

- A. **Annual Staffing Plan:** Each Department's Annual Staffing Plan shall include all the following information:
1. Each Budgeted Position's Position Description;
 2. An organizational chart for the Department, which identifies every Budgeted Position's job title;
 3. The average number of hours to be worked each pay period by each Budgeted Position;
 4. The current annual salary or hourly rate for each Budgeted Position; ~~and~~
 5. All stipends, allowances, and other compensation currently provided to each Budgeted Position during the current fiscal year; ~~and-~~
 - 5-6. The applicable fund(s) and budget line number(s) (i.e., the GL line numbers) for each form of employee compensation appropriated to each Budgeted Position.
- B. **Approved Headcount:** A Department's total number of approved Budgeted Positions for the fiscal year. An Approved Headcount shall include all Budgeted Positions for the Department including, but not limited to all paid Temporary and Seasonal Budgeted Positions as well as all paid Student Learners/Intern Positions.
- C. **Approved Headcount Change Request Form:** The form attached hereto as Exhibit A.
- D. **Budgeted Position:** A single job slot allocated to a Department and approved through County Board personnel budget appropriations.
- E. **Compensation Adjustment Request Form:** The form attached hereto as Exhibit B.
- F. **Exempt/Nonexempt Pay Status:** An employee's status under the Fair Labor Standards Act (FLSA), which determines whether the employee is legally entitled to overtime pay (nonexempt) or not legally entitled to overtime pay (exempt).
- G. **Employee Benefits:** For purposes of this Ordinance, employee benefits include all accrued paid vacation, paid personal days, and paid banked sick days.
- H. **Employee Compensation:** For purposes of this Ordinance, employee compensation includes an employee's salary/hourly wages, stipends, uniform allowances, and bonuses.
- I. **Employee Insurance Benefits:** For purposes of this Ordinance, employee insurance benefits include the employer's portion of premiums for a covered employee's medical insurance benefits, dental insurance benefits, and life insurance benefits.
- J. **Full-Time Budgeted Position:** An approved Budgeted Position that is scheduled to work on average at least thirty (30) hours of service per week or at least one hundred thirty (130) hours of service in a calendar month.

- K. **Job Description:** A Budgeted Position’s job description, which contains a written set of criteria regarding the essential duties and responsibilities performed in the position, and the minimum knowledge, skills, abilities, education, training, and experience required to perform the job.
- L. **Leave of Absence Personnel Action Notice Form:** The form attached hereto as Exhibit D.
- M. **Part-Time Budgeted Position:** An approved Budgeted Position that is scheduled to work on average less than thirty (30) hours of service per week and/or less than one hundred thirty (130) hours of service in a calendar month. Part-Time Budgeted Positions are not eligible for benefits offered to full-time employees including, but not limited to, employee health and dental coverage.
- N. **Payroll Administrator:** The Payroll Administrator is the County Administrator or their designee.
- O. **Personnel Action Notice Form:** The form attached hereto as Exhibit C.
- P. **Personnel Budget Appropriations:** The budgeted appropriations that fund a Department’s Employee Compensation (e.g., salaries budget line, stipends budget line, uniform budget line, etc.). Personnel Budget Appropriations ~~does~~ *not* include appropriations set forth in separately budgeted line items for overtime pay.
- Q. **Position Title Change:** A position title change is an adjustment from one existing approved Budgeted Position to another existing approved Budgeted Position.
- R. **Seasonal Budgeted Position:** An approved Budgeted Position that works on a full-time or part-time basis for a specific season or period of each fiscal year. Each approved Seasonal Budgeted Position must include the job title, the specific season to be worked during the fiscal year, and the estimated total number of hours worked per workweek during the designated season.
- S. **Student Learner/Intern Position:** A student learner/intern is a student in high school, college or a post-graduate school who is participating in a work-study program in the County. A student learner/intern may or may not receive course credit and may or may not be paid for the work performed for the County. All *paid* Student Learners/Interns must be included in the Department’s Approved Headcount.
- T. **Temporary Budgeted Position:** An approved Budgeted Position that works on a full-time or part-time basis for a limited duration of time. Each approved Temporary Budgeted Position must include the job title, the duration of time to be worked during the fiscal year, and the estimated total number of hours worked each workweek.

SECTION 6: Personnel Actions Procedures:

The Kendall County Board establishes the below procedures to support the County’s Payroll Administrator’s internal controls and to ensure that all transactions related to an individual’s employment ~~with the County’s Departments~~ are timely and accurately documented for payroll and benefits administration purposes.

- A. **Personnel Action Notice (“PAN”) Form:** A Department must complete a PAN Form (attached hereto as Exhibit C) for all personnel events that require payroll and/or benefits administration action for a Department employee during their employment (except for leaves of absence). Examples of such personnel events include, but are not limited to the following:
1. Change in employment status (e.g., new hire, separation of employment, etc.),
 2. Promotions or demotions,
 3. Funding source changes,
 4. Pay rate changes,
 5. Position changes (e.g., creation or reclassification of a position)
 6. Changes in status (e.g., FLSA exempt status, union status, part-time/full-time, etc.)
 7. Wage garnishments or wage deductions, and
 8. Any other employee or position changes that require payroll and/or benefits administration action.
- B. **Leave of Absence Personnel Action Notice (“LOA PAN”) Form:** A Department must complete a LOA PAN Form (attached hereto as Exhibit D) when an employee in their Department is on a leave of absence that requires payroll and/or benefits administration action. Examples of such leave of absence events include, but are not limited to the following:
1. FMLA leave,
 2. Bereavement leave,
 3. Jury and witness duty leave,
 4. PEDA leave,
 5. VESSA leave,
 6. Administrative leave,
 7. Military leave,
 8. Unpaid suspension,
 9. Short-term disability leave,
 10. Discretionary leave of absence, and
 11. Any other type of leave of absence that requires payroll and/or benefits administration action.
- C. **Processing Procedures:** All PAN Forms and LOA PAN Forms must be provided to the County’s Payroll Administrator at least three (3) business days before the action’s effective

date or as soon as practicable if the payroll action change was not a foreseeable event (e.g., an unforeseeable leave of absence, job abandonment, etc.)

1. If the received PAN Form and/or LOA PAN Form is incomplete, Kendall County's Payroll Administrator will return the incomplete form to the Department for correction.
2. To the extent permitted by law, no payroll and/or benefits action change will be made by the Payroll Administrator until they have received the completed PAN Form and/or LOA PAN Form (whichever form is applicable to the personnel event) from the Department.

SECTION 7: Budget Procedures

- A. **Annual Staffing Plan:** For payroll, budgeting, and risk management/insurance tracking purposes, Departments are responsible for maintaining an Annual Staffing Plan for all approved Budgeted Positions ~~in~~ for their Department.
- B. **Employee Benefits:** Departments shall be solely responsible for funding, within their budgeted personnel appropriation(s), the payment of all employee benefits and employee compensation.
- C. **Budgeted Positions Must Be Approved During Annual Fiscal Budget Process:**
 1. ~~Pursuant to 55 ILCS 5/6-1005, "No contract shall be entered into, and no obligation or expense shall be incurred by or on behalf of a county unless an appropriation therefor has been previously made." Thus, e~~Each Department shall not exceed their Approved Headcount and/or personnel budget appropriations.
 2. Each Department's Approved Headcount and personnel budget appropriations for the next budget cycle shall be developed and approved as part of the County's annual fiscal budget.
 3. A Department's Approved Headcount must include all authorized paid Budgeted Positions including, but not limited to, all full-time, part-time, temporary, and seasonal Budgeted Positions, and all paid Student Learner/Intern Budgeted Positions.
 4. All changes to employee compensation and Approved Headcounts for the next budget cycle (e.g., adding a position, removing a position, and/or a Position Title Change) shall be completed during Kendall County's annual fiscal budget process.
 5. At the start of the County's annual fiscal budget process, each Department must submit the following to the County Board's designee:

- a. The Department's proposed Budget for the upcoming fiscal year (including all proposed changes to existing employees' compensation for the upcoming fiscal year);
- b. The Department's Annual Staffing Plan for the current fiscal year; and
- c. A completed Approved Headcount Change Request Form for each requested change to a Department's Approved Headcount (e.g., adding or removing a position and/or a Position Title Change) for the upcoming fiscal year. A copy of the Approved Headcount Change Request Form is attached as **Exhibit A**.

D. **Mid-Year Changes:** Mid-year employee compensation adjustments and mid-year changes to a Department's Approved Headcount (e.g., adding or removing a position and/or a Position Title Change) should be reserved for compelling or emergency circumstances.

1. **Mid-year Changes to a Department's Approved Headcount:** All mid-year changes to a Department's Approved Headcount must be approved by the County Board pursuant to the following procedures set forth in this section:

- a. To request a mid-year change to a Department's Approved Headcount, the Department ~~head and/or elected official~~ shall complete and submit an Approved Headcount Change Request Form (Exhibit A) to the County's Payroll Administrator.
- b. The Payroll Administrator shall review the completed Approved Headcount Change Request Form to ensure that all applicable sections of the Approved Headcount Change Request Form are completed. If the Approved Headcount Change Request Form is incomplete, the Payroll Administrator shall return the Approved Headcount Change Request Form to the Department for completion. Once the Payroll Administrator determines that all applicable sections of the Approved Headcount Change Request Form have been completed, the Payroll Administrator shall forward the Department's completed Approved Headcount Change Request Form to the Budget & Finance Committee for review.
- c. If the Budget & Finance Committee approves the Department's requested mid-year change to the Department's approved Headcount, the Payroll Administrator shall submit the Department's request for an amendment to the Department's budgeted Approved Headcount to the County Board for approval.
- d. If the mid-year amendment to the Department's budgeted Approved Headcount is approved by the County Board, the Department shall be

responsible for timely providing the Payroll Administrator with a completed PAN Form to document when the mid-year headcount change is implemented by the Department.

- e. Departments shall be solely responsible for funding, within their budgeted personnel appropriation(s), all mid-year employee compensation adjustments, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount changes that occur after passage of this Ordinance, unless otherwise approved by the Kendall County Board.
- f. The Department is responsible for identifying in the PAN Form which of the Department's fund(s) and budget line(s) will be used to fund the mid-year employee compensation adjustment, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount change. Upon receipt of the PAN Form, the Payroll Administrator shall process a budget transfer from the Department's selected personnel budget appropriations to the applicable fund's General Fund line item for the payment of all additional compensation, all additional payroll withholdings, all additional pension contributions, and all additional employee insurance benefits costs resulting from the Department's mid-year Approved Headcount change, unless otherwise approved by the County Board.
- g. When a Department's requested personnel changes exceed the Department's budgeted Approved Headcount, the County's Payroll Administrator shall direct the Department back to this Ordinance and shall advise the Department on correct procedures to follow for seeking additional and/or reclassified Budgeted Positions in the Department's Approved Headcount. The County's Payroll Administrator shall not process the requested personnel change without the County Board's approval of an amendment to the Department's budgeted Approved Headcount.

2. **Mid-Year Employee Compensation Adjustments That Are Within the Department's Personnel Budget Appropriations:**

- a. Departments are solely responsible for funding, within their budgeted personnel appropriation(s), all mid-year employee compensation adjustments, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year employee compensation adjustments that occur after passage of this Ordinance, unless otherwise approved by the Kendall County Board.

- b. Departments must provide the Payroll Administrator with a completed PAN Form to document when the mid-year compensation adjustment is implemented by the Department.
 - c. The Department is responsible for identifying in the PAN Form which of the Department's fund(s) and budget line(s) will be used to fund the mid-year employee compensation adjustment, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefit costs resulting from the mid-year compensation adjustment. Upon receipt of the PAN Form, the Payroll Administrator shall then process a budget transfer from the Department's selected personnel budget appropriations to the applicable fund's General Fund line item for the payment of all mid-year compensation adjustments, all additional payroll withholdings, all additional pension contributions, and all additional employee insurance benefit costs resulting from the Department's mid-year compensation adjustment, unless otherwise approved by the County Board.
 - d. The County's Payroll Administrator shall not make payroll change(s) when the Payroll Administrator reviews the Department's budget projections and determines the Department does not have sufficient remaining personnel budget appropriations through the remainder of the current fiscal year to pay for the requested mid-year employee compensation change(s) and all additional costs resulting from the mid-year employee compensation adjustments. When a Department's requested personnel changes are not supported by the Department's current personnel budget appropriations, the Payroll Administrator shall direct the Department back to this Ordinance and shall advise the Department on the correct procedures to follow for seeking additional personnel budget appropriations.
 - e. When a Department's requested mid-year employee compensation changes can be supported by remaining current fiscal year personnel budget appropriations but will result in increased future recurring costs, the County's Payroll Administrator shall process the requested change and shall promptly notify the Budget & Finance Committee.
3. **Mid-year Employee Compensation Adjustments That Exceed the Department's Personnel Budget Appropriations:** A Department shall not make any mid-year employee compensation adjustments that exceed the Department's budgeted personnel appropriation(s) without first following the procedure set forth in this section to amend the budgeted personnel appropriation(s).
- a. If a proposed mid-year employee compensation adjustment exceeds the Department's budgeted personnel appropriation(s), the Department ~~head and/or elected official~~ shall complete and submit a Mid-Year Compensation Personnel Budget Adjustment Request Form to the County's Payroll

Administrator. A copy of the Compensation Adjustment Request Form is attached as **Exhibit B**.

- b. The Payroll Administrator shall review the completed Compensation Adjustment Request Form to ensure that all applicable sections of the Compensation Adjustment Request Form are completed. If the Compensation Adjustment Request Form is incomplete, the Payroll Administrator shall return the Compensation Adjustment Request Form to the Department for completion. Once the Payroll Administrator determines that all applicable sections of the Compensation Adjustment Request Form have been completed, the Payroll Administrator shall forward the Department's completed Compensation Adjustment Request Form to the Budget & Finance Committee for review.
- c. If the Budget & Finance Committee recommends a mid-year budget adjustment to the Department's personnel budget appropriations, the Payroll Administrator shall submit the Department's request for a mid-year compensation adjustment and proposed amendment to the Department's personnel budget appropriations to the County Board for approval.
- d. If the mid-year amendment to the Department's personnel budget appropriations is approved by the County Board, the Department shall be responsible for providing the Payroll Administrator with a completed PAN Form pursuant to document when the mid-year compensation adjustment is implemented by the Department.
- e. Departments are solely responsible for funding, within their budgeted personnel appropriation(s), all mid-year employee compensation adjustments, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year employee compensation adjustments that occur after passage of this Ordinance, unless otherwise approved by the Kendall County Board.
- f. The Department is responsible for identifying in the PAN Form which of the Department's fund(s) and budget line(s) will be used to fund the mid-year employee compensation adjustment, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year compensation adjustment. Upon receipt of the PAN Form, the Payroll Administrator shall then process a budget transfer from the Department's selected personnel budget appropriations to the applicable fund's General Fund line items for the payment of all additional payroll withholdings, additional pension contributions, and all additional employee insurance benefit costs resulting

from the Department's mid-year compensation adjustment, unless otherwise approved by the County Board.

~~g. Effective upon passage of this Ordinance, the Payroll Administrator shall process a budget transfer from a Department's personnel budget to the applicable General Fund line item for the payment of all additional payroll withholdings, additional pension contributions, and/or all additional employee insurance benefits costs resulting from the Department's mid-year employee compensation adjustments.~~

SECTION 8: Collective Bargaining Agreements. Approved Headcount and employee compensation adjustments for employees covered by the provisions of a collective bargaining agreement approved by the Kendall County Board shall be deemed exempt from the requirements set forth in Section 7 unless the compensation adjustments and/or Approved Headcount adjustments were awarded beyond those awarded in the applicable collective bargaining agreement approved by the Kendall County Board.

SECTION 9: Severability. If any section, paragraph, sentence, or clause of this Ordinance shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, invalidate, or nullify the remainder thereof, which remainder shall remain and continue in full force and effect.

SECTION 10: Conflict. All ordinance or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict, and any future changes to preexisting personnel policies and collective bargaining agreements subject to this Ordinance are hereby authorized to be done by motion or resolution.

SECTION 11: Effective Date. This Ordinance shall be in full force and effect upon its approval by a majority vote of the Kendall County Board.

BE IT FURTHER ORDAINED, that the Kendall County Clerk is hereby authorized to distribute a copy of this Ordinance to all Departments.

Approved this ___ day of ~~September~~ August, 2024.

Attest:

Matthew Kellogg, County Board Chairman

Debbie Gillette, County Clerk and Recorder





Approved Headcount Change Request Form

Kendall County, Illinois

Please complete the following information about the approved headcount change your department/elected office is requesting. This form should be completed for all approved headcount changes. All sections **must be completed** appropriately for the requested change. Submit completed form and any additional documentation to Benefits@kendallcountyil.gov.

Requesting Department/Office: Click or tap here to enter text.

Contact Person & Title: Click or tap here to enter text.

Date of Request: Click or tap to enter a date.

Current Approved Headcount for Department/Office: Click or tap here to enter text.

Nature of Request (*check all that apply*):

- Add a Budgeted Position
- Reclassify a Budgeted Position/Position Title Change
- Remove a Budgeted Position

Title of Budgeted Position to Be Removed: Click or tap here to enter text.

- Other: Click or tap here to enter text.

Section 1. Information About the Proposed Position

- a. **Proposed Position Title:** Click or tap here to enter text.

- b. **Requested date of headcount change:** Click or tap here to enter text.

- c. **Will this proposed position be a full time or part time position?** FULL TIME PART TIME
- d. **What is the proposed position's FLSA status?** EXEMPT NON-EXEMPT
- e. **Is this proposed position (check one):** TEMPORARY SEASONAL
 YEAR-ROUND
- f. **Would this position be a Union position?** YES NO
- g. **If yes, what bargaining unit?** Click or tap here to enter text.

- i. **Proposed average # of hours per workweek (Saturday through Friday) for new position:** Click or tap here to enter text.

- k. **To add/change this position, will you be requesting any services from Facilities and/or ICT Department?** YES NO
- l. **If yes, what services will you need?** Click or tap here to enter text.

- m. **The proposed position's job description must be attached to this form.** **Job description is attached to this form.**
- n. **The Department's proposed organizational chart (including the proposed position) must be attached to this form.** **Department's proposed organizational chart is attached to this form.**
- o. **Would this proposed position be paid:** HOURLY RATE: \$
 ANNUAL SALARY: \$
- p. **Please explain why you are requesting this new position/position change?**
Click or tap here to enter text.

Section 2. Replacement of Current Budgeted Position

Does the proposed position replace a current budgeted position? YES NO

If “no”, please move on to Section 3.

If “yes”, please answer the following questions about the current budgeted position to be replaced:

- a. **Position Title of Current Budgeted Position to be Replaced (as found in Munis):** Click or tap here to enter text.

- b. **Is this current budgeted position full time or part time?** FULL TIME PART TIME
- c. **Average # of hours worked per workweek (Saturday through Friday):** Click or tap here to enter text.

- d. **Is this current budgeted position paid:** HOURLY RATE: \$
 ANNUAL SALARY: \$
- e. **Is there any additional information about the replacement of this budgeted position that you would like to provide to the County Board?**

Click or tap here to enter text.

Section 3. Applicable General Ledger Line Numbers (GL #)

	PROPOSED POSITION	POSITION TO BE REPLACED (IF APPLICABLE)
a. Salary GL #	Click or tap here to enter text.	Click or tap here to enter text.
b. Salary GL #	Click or tap here to enter text.	Click or tap here to enter text.
c. Stipend GL#	Click or tap here to enter text.	Click or tap here to enter text.
d. Uniform GL #	Click or tap here to enter text.	Click or tap here to enter text.
e. Other compensation GL#	Click or tap here to enter text.	Click or tap here to enter text.

Section 4. Anticipated Financial Impact of Approved Headcount Change

Provide estimated costs or savings by using the actual or estimated cost for the proposed position and the position to be replaced (if applicable).

	PROPOSED POSITION	POSITION TO BE REPLACED (IF APPLICABLE)
a. Total salary/hourly wages for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
b. Total stipend amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
c. Total uniform amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
d. Any additional pay amount(s) for the budgeted position for the full fiscal year that were not set forth above:	Click or tap here to enter text.	Click or tap here to enter text.
e. County's IMRF Contribution Amount for the budgeted position for the full fiscal year ¹ :	Click or tap here to enter text.	Click or tap here to enter text.
f. County's Portion of Social Security Payroll Tax for the budgeted position for the full fiscal year ² :	Click or tap here to enter text.	Click or tap here to enter text.
g. County's Portion of Medicare Payroll Tax for the budgeted position for the full fiscal year ³ :	Click or tap here to enter text.	Click or tap here to enter text.
h. Total Cost (add lines a through g):	Click or tap here to enter text.	Click or tap here to enter text.
i. Total estimated annual cost or savings of position (compare the costs set forth in item (h)):	Click or tap here to enter text.	

¹ To calculate this amount, add a, b, and d above. Then, multiply this amount by 5.82% for Regular IMRF and 20.01% for SLEP IMRF.

² To calculate this amount, add a through d. Then, multiply this amount by 6.2%.

³ To calculate this amount, add a through d. Then, multiply this amount by 1.45%.

Are you requesting a budget adjustment to fund this proposed position? YES NO

If “yes”, please specify the total cost of your proposed budget adjustment.

Click or tap here to enter text.

Is the proposed position a grant funded position? YES NO

If “yes”, please describe the type of grant, the grant amount, and the duration of funding for the grant.

Click or tap here to enter text.

If a cost occurs, explain specifically where the funding will be obtained from within the current and future fiscal years’ budgets for the Department/Office.

Click or tap here to enter text.

If a savings occurs, explain specifically where this money will be reallocated to.

Click or tap here to enter text.

~~Per Kendall County Ordinance # 2024~~ Departments/Offices shall be solely responsible for funding, within their budgeted personnel appropriation(s), all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount changes that occur after passage of this Ordinance, unless otherwise approved by the Kendall County Board.

Are you requesting a waiver of the above-referenced requirement? YES NO

If “yes”, please explain why you are requesting the waiver:

Click or tap here to enter text.

Is there any additional information you would like to share about this proposed approved headcount change:

Click or tap here to enter text.

SUBMITTED:

By: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please return your completed request and all supporting documentation electronically to Benefits@kendallcountvil.gov.

*****THE BELOW SECTION TO BE COMPLETED BY
THE COUNTY'S PAYROLL ADMINISTRATOR *****

Payroll Analysis: Click or tap here to enter text.

Date forwarded to Budget & Finance Committee: Click or tap to enter a date.

Date reviewed by Budget & Finance Committee: Click or tap to enter a date.

Approved Headcount Change Request: APPROVED DENIED

Additional Employee Compensation Costs Waiver: APPROVED DENIED

FOR OFFICE USE ONLY:

Supervisor Code:

EEO Class:

EEO Function:

Position Code #:

Date Entered into Munis:

By:

Compensation Adjustment Request Form



Kendall County, Illinois

This form must be completed if requesting a mid-year compensation adjustment that exceeds current personnel budget appropriations. If requesting an approved headcount change AND employee compensation adjustment, please complete the Approved Headcount Change Request in lieu of this form. Submit completed form and any additional documentation to Benefits@kendallcountyil.gov.

Requesting Department/Office: Click or tap here to enter text.

Contact Person & Title: Click or tap here to enter text.

Date of Request: Click or tap to enter a date.

Section 1. Employee & Position Information

Employee ID Number (as found in Munis): Click or tap here to enter text.

Current Position Title (as found in Munis): Click or tap here to enter text.

Is this a full time or part time position? FULL TIME PART TIME

Is this position paid: HOURLY RATE: Click or tap here to enter text. ANNUAL SALARY: Click or tap here to enter text.

What is the current position's FLSA status? EXEMPT NON-EXEMPT

Is this current position (check one): TEMPORARY SEASONAL YEAR-ROUND

Average # of hours per workweek (Saturday through Friday): Click or tap here to enter text.

Section 2. Reason for Proposed Compensation Adjustment (check all that apply):

- Market Adjustment
- Internal Equity
- Additional Duties Assigned
- Merit
- Retention
- One-time payment
- Position Reclassification
- Promotion
- State or Federal Requirement
- Other: Click or tap here to enter text.

Section 3. Anticipated Financial Impact of Proposed Compensation Adjustment

	PROPOSED COMPENSATION Click or tap here to enter text.	CURRENT COMPENSATION Click or tap here to enter text.
a. Total salary/hourly wages for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
b. Total stipend amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
c. Total uniform amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
d. Any additional pay amount(s) for the budgeted position for the full fiscal year that were not set forth above:	Click or tap here to enter text.	Click or tap here to enter text.
e. County's IMRF Contribution Amount for the budgeted position for the full fiscal year ⁴ :	Click or tap here to enter text.	Click or tap here to enter text.
f. County's Portion of Social Security Payroll Tax for the budgeted position for the full fiscal year ⁵ :	Click or tap here to enter text.	Click or tap here to enter text.
g. County's Portion of Medicare Payroll Tax for the budgeted position for the full fiscal year ⁶ :	Click or tap here to enter text.	Click or tap here to enter text.
h. TOTAL COST FOR BUDGETED POSITION: (add lines a through g):	Click or tap here to enter text.	Click or tap here to enter text.
i. TOTAL COST INCREASE (compare costs in line (h))		

⁴ To calculate this amount, add a, b, and d above. Then, multiply this amount by 5.82% for Regular IMRF and 20.01% for SLEP IMRF.

⁵ To calculate this amount, add a through d. Then, multiply this amount by 6.2%.

⁶ To calculate this amount, add a through d. Then, multiply this amount by 1.45%.

	PROPOSED COMPENSATION	CURRENT COMPENSATION
a. Salary GL #	Click or tap here to enter text.	Click or tap here to enter text.
b. Salary GL#	Click or tap here to enter text.	Click or tap here to enter text.
c. Stipend GL #	Click or tap here to enter text.	Click or tap here to enter text.
d. Uniform GL #	Click or tap here to enter text.	Click or tap here to enter text.
e. Other compensation GL#	Click or tap here to enter text.	Click or tap here to enter text.

Is the proposed position a grant funded position? YES NO

If “yes”, please describe the type of grant, the grant amount, and the duration of funding for the grant.

Click or tap here to enter text.

If a cost occurs, explain specifically where the funding will be obtained from within the current and future fiscal years’ budgets for the Department/Office.

Click or tap here to enter text.

Are you requesting a budget adjustment to fund this proposed position? YES NO

If “yes”, please specify the total cost of your proposed budget adjustment.

Click or tap here to enter text.

~~Per Kendall County Ordinance # 2024-~~ Departments/Offices shall be solely responsible for funding, within their budgeted personnel appropriation(s), all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount changes that occur after passage of this Ordinance, unless otherwise approved by the Kendall County Board.

Are you requesting a waiver of the above-referenced requirement? YES NO

If "yes", please explain why you are requesting the waiver:

Formatted: Keep with next

Is there any additional information you would like to share about this proposed approved headcount change:

Click or tap here to enter text.

SUBMITTED:

By: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please return your completed request and all supporting documentation electronically to Benefits@kendallcountyil.gov.

*****THE BELOW SECTION TO BE COMPLETED BY
THE COUNTY'S PAYROLL ADMINISTRATOR *****

Payroll Analysis: Click or tap here to enter text.

Date forwarded to Budget & Finance Committee: Click or tap to enter a date.

Date reviewed by Budget & Finance Committee: Click or tap to enter a date.

Approved Headcount Change Request: APPROVED DENIED

Additional Employee Compensation Costs Waiver: APPROVED DENIED

FOR OFFICE USE ONLY:

Date Entered into Munis:

By:

KENDALL COUNTY – PERSONNEL ACTION NOTICE FORM **EXHIBIT C**

INSTRUCTIONS: THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO BENEFITS@KENDALLCOUNTYIL.GOV, AT LEAST 3 BUSINESS DAYS BEFORE ACTION IS TO TAKE PLACE.

Formatted: Font color: Text 1

Formatted: Font color: Text 1

Formatted: Font color: Text 1

REASON FOR CHANGE (Check all that apply.)

<input type="checkbox"/> New Hire	<input type="checkbox"/> Status Change (e.g., part-time to full-time status)	<input type="checkbox"/> Compensation Change	EFFECTIVE DATE OF ACTION: Click or tap here to enter text.
<input type="checkbox"/> Rehire	<input type="checkbox"/> Position Title Change	<input type="checkbox"/> Involuntary Termination	
<input type="checkbox"/> Promotion	<input type="checkbox"/> FLSA Status Change	<input type="checkbox"/> Voluntary Resignation	
<input type="checkbox"/> Demotion	<input type="checkbox"/> Work Hours Change	<input type="checkbox"/> Layoff	
<input type="checkbox"/> Transfer Department	<input type="checkbox"/> Union Status Change	<input type="checkbox"/> End of Season/Temp Work	

GENERAL INFORMATION (This section must be completed for all personnel actions.)

EMPLOYEE # Click or tap here to enter text.	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL): Click or tap here to enter text.	DEPARTMENT/OFFICE: Click or tap here to enter text.
POSITION TITLE: Click or tap here to enter text.		CHECK ONE: <input type="checkbox"/> FULL-TIME POSITION (30+ HOURS) <input type="checkbox"/> PART-TIME POSITION (LESS THAN 30 HOURS)
AVG. HOURS WORKING PER PAY PERIOD: <input type="checkbox"/> 80 <input type="checkbox"/> 75 <input type="checkbox"/> 56 <input type="checkbox"/> 50 <input type="checkbox"/> OTHER: Click or tap here to enter text.		CHECK ONE: <input type="checkbox"/> YEAR-ROUND <input type="checkbox"/> SEASONAL POSITION <input type="checkbox"/> TEMPORARY POSITION <input type="checkbox"/> STUDENT LEARNER/INTERN <input type="checkbox"/> VOLUNTEER
CHECK ONE: <input type="checkbox"/> NON-UNION POSITION <input type="checkbox"/> UNION POSITION		CHECK ONE: <input type="checkbox"/> FLSA EXEMPT <input type="checkbox"/> FLSA NON-EXEMPT
UNION GROUP (IF APPLICABLE): Click or tap here to enter text.		

Formatted Table

Formatted Table

EMPLOYEE DEMOGRAPHICS (This section must be completed for new hires only.)

EMPLOYEE MAILING ADDRESS: Click or tap here to enter text.	WORK EMAIL ADDRESS: Click or tap here to enter text.
CITY, STATE, ZIP CODE Click or tap here to enter text.	PERSONAL TELEPHONE NO.: Click or tap here to enter text.

EMPLOYEE COMPENSATION CHANGE (This section is to be completed for all pay changes.)

CHECK ONE: PAY ON SALARY BASIS PAY ON HOURLY BASIS

TYPE	CURRENT	NEW	GL #	NOTES
Base Salary (if applicable)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Base Hourly (if applicable)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Stipend	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Uniform	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Formatted Table

SEPARATION OF EMPLOYMENT

(This section is to be completed for separations of employment only.)

REASON FOR SEPARATION OF EMPLOYMENT: Choose an item.	LAST DAY WORKED: Click or tap here to enter text.		
<input type="checkbox"/> FOR IMRF PURPOSES, RESIGNATION OR INVOLUNTARY TERMINATION LETTER MUST BE ATTACHED TO THIS FORM.	LAST DAY OF EMPLOYMENT: Click or tap here to enter text.		
IS ANY SEVERANCE PAY TO BE ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IF "YES", A COPY OF SEVERANCE AGREEMENT MUST BE ATTACHED TO THIS FORM.		
<input type="checkbox"/> FINAL TIMESHEET IS ATTACHED TO THIS FORM.			
PAID LEAVE BALANCES ON LAST DAY OF EMPLOYMENT:			
VACATION HOURS:	Click or tap here to enter text.	BANKED SICK HOURS:	Click or tap here to enter text.
PERSONAL HOURS:	Click or tap here to enter text.	COMPENSATORY TIME HOURS:	Click or tap here to enter text.
OTHER HOURS TO BE PAID OUT AT SEPARATION: Click or tap here to enter text.			

APPROVAL (This section to be completed for all personnel actions.)

	By signing below, I affirm the following (please check all that apply): <input type="checkbox"/> This position is included in my Department's/Office's Approved Headcount. <input type="checkbox"/> The above-referenced compensation adjustment is included in my Department's/Office's budgeted personnel appropriations. <input type="checkbox"/> The additional personnel costs resulting from the above changes (e.g., additional payroll withholdings, additional IMRF contributions, and additional employee benefits costs) are already included in the applicable fiscal year's budgeted appropriations.
Printed Name:	Click or tap here to enter text.
Signature:	
Job Title:	Click or tap here to enter text.
Date:	Click or tap to enter a date.

FOR PAYROLL ADMINISTRATION

Date Received	Click or tap to enter a date.
Payroll Notes:	Click or tap here to enter text.
Initials:	Click or tap here to enter text.

FOR ADMINISTRATIVE USE:

Entered: _____ (Date)

_____ (Initials)

**KENDALL COUNTY
PERSONNEL ACTION NOTICE**

EXHIBIT D

LEAVE OF ABSENCE (LOA) NOTIFICATION

This form must be completed and provided to benefits@kendallcountyil.gov at least three (3) business days before the LOA begins (if foreseeable LOA) or within one (1) business day after the LOA begins (if unforeseeable LOA).

Name: _____ Employee #: _____
 Last First MI

Department: _____ Current Job Title: _____

LEAVE OF ABSENCE (LOA) STATUS CHANGE:

- LOA WITH PAY LOA WITHOUT Pay
 Return From Leave of Absence Other: _____

TYPE OF LOA:
(Check ALL that apply)

- FMLA Bereavement Leave Worker's compensation Jury & Witness Duty
 Military Leave PEDTA VESSA Leave Discretionary Leave
 Suspension Administrative Leave Extension of Leave Other: _____

ADDITIONAL INFORMATION:
(Please complete all applicable sections)

Is the employee applying for IMRF short-term disability benefits?

- YES* NO *If "yes", current job description must be attached.

Last day worked before LOA began: _____ Anticipated return to work (RTW) date: _____

Actual 1st day back to work (if applicable): ____ Revised anticipated RTW date (if applicable): ____

Leave Schedule: Intermittent Absences Full Day Absences

Date of Absence	Is Absence PAID or UNPAID?	If applicable, type of PAID time off to be applied (e.g., vacation, sick, personal, etc.)	# of Hours

Please attach additional pages, if necessary.

Approved by: _____ Date: _____

Received by Payroll/Benefits: _____ Date: _____

MEMORANDUM OF UNDERSTANDING REGARDING BUDGET PROCESS GUIDELINES FOR BUDGETED POSITIONS

This Memorandum of Understanding (“Agreement”) is made this ___ day of _____, 2024, by and between the County of Kendall, Illinois, a unit of local government (“County”), and the Kendall County _____ Office (“Elected Office”). For purposes of this Agreement, the County and the Elected Office may collectively be referred to as “Parties” and individually referred to as “Party”.

WHEREAS, the Kendall County Board is the fiscal authority for Kendall County (“County”) government; and

WHEREAS, the Kendall County Board is responsible for the management of County funds and financial operations of the County as well as the risk management functions of the County; and

WHEREAS, the Kendall County Board’s fiscal responsibility necessitates a systematic personnel budget appropriations procedure that includes review and adjustment of budgeted salary amounts; determination of funds required for requested personnel actions; equitable distribution of funds; and efficient oversight of personnel budget appropriations utilization and approved headcounts throughout the budget period; and

WHEREAS, the Parties adopt this Agreement to establish budget process guidelines for all budgeted positions in the Elected Office;

NOW, THEREFORE, in consideration of the mutual promises and undertakings set forth in this Agreement, the Parties hereby agree to the following:

SECTION 1: Recitals The foregoing recitals are incorporated into and made a part of this Agreement as the findings of the Kendall County Board.

SECTION 2: Definitions

- A. Annual Staffing Plan:** Each Elected Office’s Annual Staffing Plan shall include all the following information:
1. Each Budgeted Position’s Position Description;
 2. An organizational chart for the Elected Office, which identifies every Budgeted Position’s job title;
 3. The average number of hours to be worked each pay period by each Budgeted Position;
 4. The current annual salary or hourly rate for each Budgeted Position;
 5. All stipends, allowances, and other compensation currently provided to each Budgeted Position during the current fiscal year; and

6. The applicable fund(s) and budget line number(s) (i.e., the GL line numbers) for each form of employee compensation appropriated to each Budgeted Position.
- B. Approved Headcount:** An Elected Office's total number of approved Budgeted Positions for the fiscal year. An Approved Headcount shall include all Budgeted Positions for the Elected Office including, but not limited to all paid Temporary and Seasonal Budgeted Positions as well as all paid Student Learners/Intern Positions.
- C. Approved Headcount Change Request Form:** The form attached hereto as Exhibit A.
- D. Budgeted Position:** A single job slot allocated to an Elected Office and approved through County Board personnel budget appropriations.
- E. Compensation Adjustment Request Form:** The form attached hereto as Exhibit B.
- F. Exempt/Nonexempt Pay Status:** An employee's status under the Fair Labor Standards Act (FLSA), which determines whether the employee is legally entitled to overtime pay (nonexempt) or not legally entitled to overtime pay (exempt).
- G. Employee Benefits:** For purposes of this Agreement, employee benefits include all accrued paid vacation, paid personal days, and paid banked sick days.
- H. Employee Compensation:** For purposes of this Agreement, employee compensation includes an employee's salary/hourly wages, stipends, uniform allowances, and bonuses.
- I. Employee Insurance Benefits:** For purposes of this Agreement, employee insurance benefits include the employer's portion of premiums for a covered employee's medical insurance benefits, dental insurance benefits, and life insurance benefits.
- J. Full-Time Budgeted Position:** An approved Budgeted Position that is scheduled to work on average at least thirty (30) hours of service per week or at least one hundred thirty (130) hours of service in a calendar month.
- K. Job Description:** A Budgeted Position's job description, which contains a written set of criteria regarding the essential duties and responsibilities performed in the position, and the minimum knowledge, skills, abilities, education, training, and experience required to perform the job.
- L. Leave of Absence Personnel Action Notice Form:** The form attached hereto as Exhibit D.
- M. Part-Time Budgeted Position:** An approved Budgeted Position that is scheduled to work on average less than thirty (30) hours of service per week and/or less than one hundred

thirty (130) hours of service in a calendar month. Part-Time Budgeted Positions are not eligible for benefits offered to full-time employees including, but not limited to, employee health and dental coverage.

- N. **Payroll Administrator:** The Payroll Administrator is the County Administrator or their designee.
- O. **Personnel Action Notice Form:** The form attached hereto as Exhibit C.
- P. **Personnel Budget Appropriations:** The budgeted appropriations the Elected Official selects to fund the Elected Office's Employee Compensation (e.g., salaries budget line, stipends budget line, uniform budget line, etc.). Personnel Budget Appropriations do *not* include appropriations set forth in separately budgeted line items for overtime pay.
- Q. **Position Title Change:** A position title change is an adjustment from one existing approved Budgeted Position to another existing approved Budgeted Position.
- R. **Seasonal Budgeted Position:** An approved Budgeted Position that works on a full-time or part-time basis for a specific season or period of each fiscal year. Each approved Seasonal Budgeted Position must include the job title, the specific season to be worked during the fiscal year, and the estimated total number of hours worked per workweek during the designated season.
- S. **Student Learner/Intern Position:** A student learner/intern is a student in high school, college or a post-graduate school who is participating in a work-study program in the County. A student learner/intern may or may not receive course credit and may or may not be paid for the work performed for the County. All *paid* Student Learners/Interns must be included in the Elected Office's Approved Headcount.
- T. **Temporary Budgeted Position:** An approved Budgeted Position that works on a full-time or part-time basis for a limited duration of time. Each approved Temporary Budgeted Position must include the job title, the duration of time to be worked during the fiscal year, and the estimated total number of hours worked each workweek.

SECTION 3: Personnel Actions Procedures

The Parties agree to utilize the following budget procedures to support the County's Payroll Administrator's internal controls and to ensure that all transactions related to an individual's employment are timely and accurately documented for payroll and benefits administration purposes:

- A. **Personnel Action Notice ("PAN") Form:** The Elected Office will complete a PAN Form (attached hereto as Exhibit C) for all personnel events that require payroll and/or benefits

administration actions for employees in their Elected Office (except for employee leaves of absence). Examples of such personnel events include, but are not limited to the following:

1. Change in employment status (e.g., new hire, separation of employment, etc.),
2. Promotions or demotions,
3. Funding source changes,
4. Pay rate changes,
5. Position changes (e.g., creation or reclassification of a position)
6. Changes in status (e.g., FLSA exempt status, union status, part-time/full-time, etc.)
7. Wage garnishments or wage deductions, and
8. Any other employee or position changes that require payroll and/or benefits administration action.

B. Leave of Absence Personnel Action Notice (“LOA PAN”) Form: The Elected Office agrees to complete a LOA PAN Form (attached hereto as Exhibit D) when an employee in their Elected Office is on a leave of absence that requires payroll and/or benefits administration action. Examples of such leave of absence events include, but are not limited to the following:

1. FMLA leave,
2. Bereavement leave,
3. Jury and witness duty leave,
4. PEDA leave,
5. VESSA leave,
6. Administrative leave,
7. Military leave,
8. Unpaid suspension,
9. Short-term disability leave,
10. Discretionary leave of absence, and
11. Any other type of leave of absence that requires payroll and/or benefits administration action.

C. Processing Procedures: The Elected Office agrees to provide all PAN Forms and LOA PAN Forms to the County’s Payroll Administrator at least three (3) business days before the action’s effective date or as soon as practicable if the payroll action change was not a foreseeable event (e.g., an unforeseeable leave of absence, job abandonment, etc.)

1. If the received PAN Form and/or LOA PAN Form is incomplete, Kendall County’s Payroll Administrator will return the incomplete form to the Elected Office for correction.
2. To the extent permitted by law, no payroll and/or benefits action change will be made by the Payroll Administrator until they have received the completed PAN

Form and/or LOA PAN Form (whichever form is applicable to the personnel event) from the Elected Office.

SECTION 4: Budget Procedures

- A. **Annual Staffing Plan:** For payroll, budgeting, and risk management/insurance tracking purposes, the Elected Office agrees to maintain an Annual Staffing Plan for all approved Budgeted Positions in the Elected Office.
- B. **Employee Benefits:** The Elected Office is solely responsible for funding, within their budgeted personnel appropriation(s), the payment of all employee benefits and employee compensation.
- C. **Budgeted Positions Must Be Approved During Annual Fiscal Budget Process:**
1. The Elected Office agrees not to exceed their Approved Headcount and/or personnel budget appropriations.
 2. The Parties agree that the Elected Office's Approved Headcount and personnel budget appropriations for the next budget cycle shall be developed and approved as part of the County's annual fiscal budget.
 3. The Elected Office's Approved Headcount must include all authorized paid Budgeted Positions including, but not limited to, all full-time, part-time, temporary, and seasonal Budgeted Positions, and all paid Student Learner/Intern Budgeted Positions.
 4. The Parties agree that all changes to employee compensation and Approved Headcounts for the next budget cycle (e.g., adding a position, removing a position, and/or a Position Title Change) shall be completed during Kendall County's annual fiscal budget process.
 5. At the start of the County's annual fiscal budget process, each Elected Office agrees to submit the following to the County Board's designee:
 - a. The Elected Office's proposed Budget for the upcoming fiscal year (including all proposed changes to existing employees' compensation for the upcoming fiscal year);
 - b. The Elected Office's Annual Staffing Plan for the current fiscal year; and
 - c. A completed Approved Headcount Change Request Form for each requested change to the Elected Office's Approved Headcount (e.g., adding or removing a position and/or a Position Title Change) for the upcoming

fiscal year. A copy of the Approved Headcount Change Request Form is attached as **Exhibit A**.

D. Mid-Year Changes: The Parties agree that mid-year employee compensation adjustments and mid-year changes to the Elected Office's Approved Headcount (e.g., adding or removing a position and/or a Position Title Change) should be reserved for compelling or emergency circumstances.

1. Mid-Year Changes to the Elected Office's Approved Headcount: All mid-year changes to the Elected Office's Approved Headcount must be approved by the County Board pursuant to the following procedures set forth in this section:

- a.** To request a mid-year change to the Elected Office's Approved Headcount, the Elected Office agrees to complete and submit an Approved Headcount Change Request Form (Exhibit A) to the County's Payroll Administrator.
- b.** The Payroll Administrator shall review the completed Approved Headcount Change Request Form to ensure that all applicable sections of the Approved Headcount Change Request Form are completed. If the Approved Headcount Change Request Form is incomplete, the Payroll Administrator shall return the Approved Headcount Change Request Form to the Elected Office for completion. Once the Payroll Administrator determines that all applicable sections of the Approved Headcount Change Request Form have been completed, the Payroll Administrator shall forward the Elected Office's completed Approved Headcount Change Request Form to the Budget & Finance Committee for review.
- c.** If the Budget & Finance Committee approves the Elected Office's requested mid-year change to the Elected Office's approved Headcount, the Payroll Administrator shall submit the Elected Office's request for an amendment to the Elected Office's budgeted Approved Headcount to the County Board for approval.
- d.** If the mid-year amendment to the Elected Office's budgeted Approved Headcount is approved by the County Board, the Elected Office shall be responsible for timely providing the Payroll Administrator with a completed PAN Form to document when the mid-year headcount change is implemented by the Elected Office.
- e.** The Elected Office is solely responsible for funding, within its budgeted personnel appropriation(s), all mid-year employee compensation adjustments, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting

from the mid-year Approved Headcount changes that occur after passage of this Agreement, unless otherwise approved by the Kendall County Board.

- f. The Elected Official is responsible for identifying in the PAN Form which of the Elected Official's fund(s) and budget line(s) will be used to fund the mid-year employee compensation adjustment, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount change. Upon receipt of the PAN Form, the Payroll Administrator shall process a budget transfer from the Elected Office's selected personnel budget appropriations to the applicable fund's line item for the payment of all additional compensation, all additional payroll withholdings, all additional pension contributions, and all additional employee insurance benefits costs resulting from the Elected Office's mid-year Approved Headcount change, unless otherwise approved by the County Board.
- g. When the Elected Office's requested personnel changes exceed the Elected Office's budgeted Approved Headcount, the County's Payroll Administrator shall direct the Elected Office back to this Agreement and shall advise the Elected Office on correct procedures to follow for seeking additional and/or reclassified Budgeted Positions in the Elected Office's Approved Headcount. The County's Payroll Administrator will not process the requested personnel change without the County Board's approval of an amendment to the Elected Office's budgeted Approved Headcount.

2. **Mid-Year Employee Compensation Adjustments That Are Within the Elected Office's Personnel Budget Appropriations:**

- a. The Elected Office is solely responsible for funding, within their budgeted personnel appropriation(s), all mid-year employee compensation adjustments, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year employee compensation adjustments that occur after execution of this Agreement, unless otherwise approved by the Kendall County Board.
- b. The Elected Office agrees to provide the Payroll Administrator with a completed PAN Form to document when the mid-year compensation adjustment is implemented by the Elected Office.
- c. The Elected Official is responsible for identifying in the PAN Form which of the Elected Official's fund(s) and budget line(s) will be used to fund the mid-year employee compensation adjustment, all additional payroll

withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year compensation adjustment. Upon receipt of the PAN Form, the Payroll Administrator shall then process a budget transfer from the Elected Office's selected personnel budget appropriations to the applicable fund's line item for the payment of all mid-year compensation adjustments, all additional payroll withholdings, all additional pension contributions, and all additional employee insurance benefit costs resulting from the Elected Office's mid-year compensation adjustment, unless otherwise approved by the County Board.

- d. The County's Payroll Administrator will not make payroll change(s) when the Payroll Administrator reviews the Elected Office's budget projections and determines the Elected Office does not have sufficient remaining personnel budget appropriations through the remainder of the current fiscal year to pay for the requested mid-year employee compensation change(s) and all additional costs resulting from the mid-year employee compensation adjustments. When the Elected Office's requested personnel changes are not supported by the Elected Office's current personnel budget appropriations, the Payroll Administrator shall direct the Elected Office back to this Agreement and shall advise the Elected Office on the correct procedures to follow for seeking additional personnel budget appropriations.
- e. When the Elected Office's requested mid-year employee compensation changes can be supported by remaining current fiscal year personnel budget appropriations but will result in increased future recurring costs, the County's Payroll Administrator will process the requested change and shall promptly notify the Budget & Finance Committee.

3. **Mid-year Employee Compensation Adjustments That Exceed the Elected Office's Personnel Budget Appropriations:** An Elected Office shall not make any mid-year employee compensation adjustments that exceed the Elected Office's budgeted personnel appropriation(s) without first following the procedure set forth in this section to amend the budgeted personnel appropriation(s).

- a. If a proposed mid-year employee compensation adjustment exceeds the Elected Office's budgeted personnel appropriation(s), the Elected Office head and/or Elected Office shall complete and submit a Mid-Year Compensation Personnel Budget Adjustment Request Form to the County's Payroll Administrator. A copy of the Compensation Adjustment Request Form is attached as **Exhibit B**.

- b.** The Payroll Administrator shall review the completed Compensation Adjustment Request Form to ensure that all applicable sections of the Compensation Adjustment Request Form are completed. If the Compensation Adjustment Request Form is incomplete, the Payroll Administrator shall return the Compensation Adjustment Request Form to the Elected Office for completion. Once the Payroll Administrator determines that all applicable sections of the Compensation Adjustment Request Form have been completed, the Payroll Administrator shall forward the Elected Office's completed Compensation Adjustment Request Form to the Budget & Finance Committee for review.
- c.** If the Budget & Finance Committee recommends a mid-year budget adjustment to the Elected Office's personnel budget appropriations, the Payroll Administrator shall submit the Elected Office's request for a mid-year compensation adjustment and proposed amendment to the Elected Office's personnel budget appropriations to the County Board for approval.
- d.** If the mid-year amendment to the Elected Office's personnel budget appropriations is approved by the County Board, the Elected Office shall be responsible for providing the Payroll Administrator with a completed PAN Form pursuant to document when the mid-year compensation adjustment is implemented by the Elected Office.
- e.** Elected Offices are solely responsible for funding, within their budgeted personnel appropriation(s), all mid-year employee compensation adjustments, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year employee compensation adjustments that occur after passage of this Agreement, unless otherwise approved by the Kendall County Board.
- f.** The Elected Official is responsible for identifying in the PAN Form which of the Elected Official's fund(s) and budget line(s) will be used to fund the mid-year employee compensation adjustment, all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year compensation adjustment. Upon receipt of the PAN Form, the Payroll Administrator shall then process a budget transfer from the Elected Office's personnel budget appropriations to the applicable fund's line items for the payment of all additional payroll withholdings, additional pension contributions, and all additional employee insurance benefit costs resulting from the Elected Office's mid-year compensation adjustment, unless otherwise approved by the County Board.

SECTION 5: Collective Bargaining Agreements

Approved Headcount and employee compensation adjustments for employees covered by the provisions of a collective bargaining agreement approved by the Kendall County Board shall be deemed exempt from the requirements set forth in Section 4 unless the compensation adjustments and/or Approved Headcount adjustments were awarded beyond those awarded in the applicable collective bargaining agreement approved by the Kendall County Board.

SECTION 6: Severability

If any section, paragraph, sentence, or clause of this Agreement shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, invalidate, or nullify the remainder thereof, which remainder shall remain and continue in full force and effect.

SECTION 7: Effective Date. This Agreement shall be in full force and effect upon its execution by both Parties.

The foregoing Agreement has been adopted by the Parties and as attested by the signatures affixed below.

KENDALL COUNTY _____ OFFICE

By: _____
[Insert Elected Official's Name]
[Insert Elected Official's Title]

Date: _____

KENDALL COUNTY, ILLINOIS

By: _____
Matthew Kellogg, County Board Chairman

Date: _____

Attest:
By: _____
Debbie Gillette, County Clerk and Recorder



Approved Headcount Change Request Form

Kendall County, Illinois

Please complete the following information about the approved headcount change your department/elected office is requesting. This form should be completed for all approved headcount changes. All sections **must be completed** appropriately for the requested change. Submit completed form and any additional documentation to Benefits@kendallcountyil.gov.

Requesting Department/Office: Click or tap here to enter text.

Contact Person & Title: Click or tap here to enter text.

Date of Request: Click or tap to enter a date.

Current Approved Headcount for Department/Office: Click or tap here to enter text.

Nature of Request (*check all that apply*):

- Add a Budgeted Position
- Reclassify a Budgeted Position/Position Title Change
- Remove a Budgeted Position

Title of Budgeted Position to Be Removed: Click or tap here to enter text.

- Other: Click or tap here to enter text.

Section 1. Information About the Proposed Position

- a. **Proposed Position Title:** Click or tap here to enter text.

- b. **Requested date of headcount change:** Click or tap here to enter text.

- c. **Will this proposed position be a full time or part time position?** FULL TIME PART TIME
- d. **What is the proposed position's FLSA status?** EXEMPT NON-EXEMPT
- e. **Is this proposed position (check one):** TEMPORARY SEASONAL
 YEAR-ROUND
- f. **Would this position be a Union position?** YES NO
- g. **If yes, what bargaining unit?** Click or tap here to enter text.

- i. **Proposed average # of hours per workweek (*Saturday through Friday*) for new position:** Click or tap here to enter text.

- k. **To add/change this position, will you be requesting any services from Facilities and/or ICT Elected Office?** YES NO
- l. **If yes, what services will you need?** Click or tap here to enter text.

- m. **The proposed position's job description must be attached to this form.** **Job description is attached to this form.**
- n. **The proposed organizational chart (including the proposed position) must be attached to this form.** **The proposed organizational chart is attached to this form.**
- o. **Would this proposed position be paid:** HOURLY RATE: \$
 ANNUAL SALARY: \$
- p. **Please explain why you are requesting this new position/position change?** Click or tap here to enter text.

Section 4. Anticipated Financial Impact of Approved Headcount Change

Provide estimated costs or savings by using the actual or estimated cost for the proposed position and the position to be replaced (if applicable).

	PROPOSED POSITION	POSITION TO BE REPLACED (IF APPLICABLE)
a. Total salary/hourly wages for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
b. Total stipend amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
c. Total uniform amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
d. Any additional pay amount(s) for the budgeted position for the full fiscal year that were not set forth above:	Click or tap here to enter text.	Click or tap here to enter text.
e. County’s IMRF Contribution Amount for the budgeted position for the full fiscal year ¹ :	Click or tap here to enter text.	Click or tap here to enter text.
f. County’s Portion of Social Security Payroll Tax for the budgeted position for the full fiscal year ² :	Click or tap here to enter text.	Click or tap here to enter text.
g. County’s Portion of Medicare Payroll Tax for the budgeted position for the full fiscal year ³ :	Click or tap here to enter text.	Click or tap here to enter text.
h. Total Cost (add lines a through g):	Click or tap here to enter text.	Click or tap here to enter text.
i. Total estimated annual cost or savings of position (compare the costs set forth in item (h)):		

¹ To calculate this amount, add a, b, and d above. Then, multiply this amount by 5.82% for Regular IMRF and 20.01% for SLEP IMRF.

² To calculate this amount, add a through d. Then, multiply this amount by 6.2%.

³ To calculate this amount, add a through d. Then, multiply this amount by 1.45%.

Are you requesting a budget adjustment to fund this proposed position? YES NO

If “yes”, please specify the total cost of your proposed budget adjustment.

Click or tap here to enter text.

Is the proposed position a grant funded position? YES NO

If “yes”, please describe the type of grant, the grant amount, and the duration of funding for the grant.

Click or tap here to enter text.

If a cost occurs, explain specifically where the funding will be obtained from within the current and future fiscal years’ budgets for the Elected Office.

Click or tap here to enter text.

If a savings occurs, explain specifically where this money will be reallocated to.

Click or tap here to enter text.

Departments/Elected Offices shall be solely responsible for funding, within their budgeted personnel appropriation(s), all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount changes, unless otherwise approved by the Kendall County Board.

Are you requesting a waiver of the above-referenced requirement? YES NO

If “yes”, please explain why you are requesting the waiver:

Click or tap here to enter text.

Is there any additional information you would like to share about this proposed approved headcount change:

Click or tap here to enter text.

SUBMITTED:

By: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please return your completed request and all supporting documentation electronically to Benefits@kendallcountyl.gov.

*****THE BELOW SECTION TO BE COMPLETED BY
THE COUNTY'S PAYROLL ADMINISTRATOR *****

Payroll Analysis: Click or tap here to enter text.

Date forwarded to Budget & Finance Committee: Click or tap to enter a date.

Date reviewed by Budget & Finance Committee: Click or tap to enter a date.

Approved Headcount Change Request: APPROVED DENIED

Additional Employee Compensation Costs Waiver: APPROVED DENIED

FOR OFFICE USE ONLY:

Supervisor Code:

EEO Class:

EEO Function:

Position Code #:

Date Entered into Munis:

By:



Compensation Adjustment Request Form

Kendall County, Illinois

This form must be completed if requesting a mid-year compensation adjustment that exceeds current personnel budget appropriations. If requesting an approved headcount change AND employee compensation adjustment, please complete the Approved Headcount Change Request in lieu of this form. Submit completed form and any additional documentation to Benefits@kendallcountyil.gov.

Requesting Department/Office: Click or tap here to enter text.

Contact Person & Title: Click or tap here to enter text.

Date of Request: Click or tap to enter a date.

Section 1. Employee & Position Information

Employee ID Number
(as found in Munis):

Click or tap here to enter text.

Current Position Title
(as found in Munis):

Click or tap here to enter text.

Is this a full time or part time position?

FULL TIME PART TIME

Is this position paid:

HOURLY RATE: Click or tap here to enter text.
 ANNUAL SALARY: Click or tap here to enter text.

What is the current position's FLSA status?

EXEMPT NON-EXEMPT

Is this current position (check one):

TEMPORARY
 SEASONAL
 YEAR-ROUND

Average # of hours per workweek (Saturday through Friday):

Click or tap here to enter text.

Section 2. Reason for Proposed Compensation Adjustment (check all that apply):

- Market Adjustment Internal Equity Additional Duties Assigned
- Merit Retention One-time payment
- Position Reclassification Promotion State or Federal Requirement
- Other: Click or tap here to enter text.

Section 3. Anticipated Financial Impact of Proposed Compensation Adjustment

	PROPOSED COMPENSATION	CURRENT COMPENSATION
a. Total salary/hourly wages for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
b. Total stipend amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
c. Total uniform amount(s) for budgeted position for the full fiscal year:	Click or tap here to enter text.	Click or tap here to enter text.
d. Any additional pay amount(s) for the budgeted position for the full fiscal year that were not set forth above:	Click or tap here to enter text.	Click or tap here to enter text.
e. County’s IMRF Contribution Amount for the budgeted position for the full fiscal year ⁴ :	Click or tap here to enter text.	Click or tap here to enter text.
f. County’s Portion of Social Security Payroll Tax for the budgeted position for the full fiscal year ⁵ :	Click or tap here to enter text.	Click or tap here to enter text.
g. County’s Portion of Medicare Payroll Tax for the budgeted position for the full fiscal year ⁶ :	Click or tap here to enter text.	Click or tap here to enter text.
h. TOTAL COST FOR BUDGETED POSITION: (add lines a through g):	Click or tap here to enter text.	Click or tap here to enter text.
i. TOTAL COST INCREASE (compare costs in line (h))	Click or tap here to enter text.	

⁴ To calculate this amount, add a, b, and d above. Then, multiply this amount by 5.82% for Regular IMRF and 20.01% for SLEP IMRF.
⁵ To calculate this amount, add a through d. Then, multiply this amount by 6.2%.
⁶ To calculate this amount, add a through d. Then, multiply this amount by 1.45%.

	PROPOSED COMPENSATION Click or tap here to enter text.	CURRENT COMPENSATION Click or tap here to enter text.
a. Salary GL #	Click or tap here to enter text.	Click or tap here to enter text.
b. Salary GL#	Click or tap here to enter text.	Click or tap here to enter text.
c. Stipend GL #	Click or tap here to enter text.	Click or tap here to enter text.
d. Uniform GL #	Click or tap here to enter text.	Click or tap here to enter text.
e. Other compensation GL#	Click or tap here to enter text.	Click or tap here to enter text.

Is the proposed position a grant funded position? YES NO

If “yes”, please describe the type of grant, the grant amount, and the duration of funding for the grant.

Click or tap here to enter text.

If a cost occurs, explain specifically where the funding will be obtained from within the current and future fiscal years’ budgets for the department/office.

Click or tap here to enter text.

Are you requesting a budget adjustment to fund this proposed position? YES NO

If “yes”, please specify the total cost of your proposed budget adjustment.

Click or tap here to enter text.

Departments/offices shall be solely responsible for funding, within their budgeted personnel appropriation(s), all additional payroll withholding costs, all additional pension contributions, and all additional employee insurance benefits costs resulting from the mid-year Approved Headcount changes, unless otherwise approved by the Kendall County Board.

Are you requesting a waiver of the above-referenced requirement? YES NO

If “yes”, please explain why you are requesting the waiver:

Is there any additional information you would like to share about this proposed approved headcount change:

Click or tap here to enter text.

SUBMITTED:

By: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap to enter a date.

Please return your completed request and all supporting documentation electronically to Benefits@kendallcountyl.gov.

*****THE BELOW SECTION TO BE COMPLETED BY
THE COUNTY’S PAYROLL ADMINISTRATOR *****

Payroll Analysis: Click or tap here to enter text.

Date forwarded to Budget & Finance Committee: Click or tap to enter a date.

Date reviewed by Budget & Finance Committee: Click or tap to enter a date.

Approved Headcount Change Request: APPROVED DENIED

Additional Employee Compensation Costs Waiver: APPROVED DENIED

FOR OFFICE USE ONLY:

Date Entered into Munis:

By:

KENDALL COUNTY – PERSONNEL ACTION NOTICE FORM

EXHIBIT C

INSTRUCTIONS: THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO
BENEFITS@KENDALLCOUNTYIL.GOV AT LEAST 3 BUSINESS DAYS BEFORE ACTION IS TO TAKE PLACE.

REASON FOR CHANGE (Check all that apply.)

<input type="checkbox"/> New Hire	<input type="checkbox"/> Status Change (e.g., part-time to full-time status)	<input type="checkbox"/> Compensation Change	EFFECTIVE DATE OF ACTION: Click or tap here to enter text.
<input type="checkbox"/> Rehire	<input type="checkbox"/> Position Title Change	<input type="checkbox"/> Involuntary Termination	
<input type="checkbox"/> Promotion	<input type="checkbox"/> FLSA Status Change	<input type="checkbox"/> Voluntary Resignation	
<input type="checkbox"/> Demotion	<input type="checkbox"/> Work Hours Change	<input type="checkbox"/> Layoff	
<input type="checkbox"/> Transfer Elected Office	<input type="checkbox"/> Union Status Change	<input type="checkbox"/> End of Season/Temp Work	

GENERAL INFORMATION (This section must be completed for all personnel actions.)

EMPLOYEE # Click or tap here to enter text.	EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL): Click or tap here to enter text.	DEPARTMENT/OFFICE: Click or tap here to enter text.
POSITION TITLE: Click or tap here to enter text.		CHECK ONE: <input type="checkbox"/> FULL-TIME POSITION (30+ HOURS) <input type="checkbox"/> PART-TIME POSITION (LESS THAN 30 HOURS)
AVG. HOURS WORKING PER PAY PERIOD: <input type="checkbox"/> 80 <input type="checkbox"/> 75 <input type="checkbox"/> 56 <input type="checkbox"/> 50 <input type="checkbox"/> OTHER: Click or tap here to enter text.		CHECK ONE: <input type="checkbox"/> YEAR-ROUND <input type="checkbox"/> SEASONAL POSITION <input type="checkbox"/> TEMPORARY POSITION <input type="checkbox"/> STUDENT LEARNER/INTERN <input type="checkbox"/> VOLUNTEER
CHECK ONE: <input type="checkbox"/> NON-UNION POSITION <input type="checkbox"/> UNION POSITION		CHECK ONE: <input type="checkbox"/> FLSA EXEMPT <input type="checkbox"/> FLSA NON-EXEMPT
UNION GROUP (IF APPLICABLE): Click or tap here to enter text.		

EMPLOYEE DEMOGRAPHICS (This section must be completed for new hires only.)

EMPLOYEE MAILING ADDRESS: Click or tap here to enter text.	WORK EMAIL ADDRESS: Click or tap here to enter text.
CITY, STATE, ZIP CODE Click or tap here to enter text.	PERSONAL TELEPHONE NO.: Click or tap here to enter text.

EMPLOYEE COMPENSATION CHANGE (This section is to be completed for all pay changes.)

CHECK ONE: PAY ON SALARY BASIS PAY ON HOURLY BASIS

TYPE	CURRENT	NEW	GL #	NOTES
Base Salary (if applicable)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Base Hourly (if applicable)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Stipend	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Uniform	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Other	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

SEPARATION OF EMPLOYMENT

(This section is to be completed for separations of employment only.)

REASON FOR SEPARATION OF EMPLOYMENT: Choose an item.	LAST DAY WORKED: Click or tap here to enter text.
<input type="checkbox"/> FOR IMRF PURPOSES, RESIGNATION OR INVOLUNTARY TERMINATION LETTER MUST BE ATTACHED TO THIS FORM.	LAST DAY OF EMPLOYMENT: Click or tap here to enter text.
IS ANY SEVERANCE PAY TO BE ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IF "YES", A COPY OF SEVERANCE AGREEMENT MUST BE ATTACHED TO THIS FORM.

FINAL TIMESHEET IS ATTACHED TO THIS FORM.

PAID LEAVE BALANCES ON LAST DAY OF EMPLOYMENT:			
VACATION HOURS:	Click or tap here to enter text.	BANKED SICK HOURS:	Click or tap here to enter text.
PERSONAL HOURS:	Click or tap here to enter text.	COMPENSATORY TIME HOURS:	Click or tap here to enter text.

OTHER HOURS TO BE PAID OUT AT SEPARATION: Click or tap here to enter text.

APPROVAL (This section to be completed for all personnel actions.)

	By signing below, I affirm the following (please check all that apply): <input type="checkbox"/> This position is included in my department's/office's Approved Headcount. <input type="checkbox"/> The above-referenced compensation adjustment is included in my department's/office's budgeted personnel appropriations. <input type="checkbox"/> The additional personnel costs resulting from the above changes (e.g., additional payroll withholdings, additional IMRF contributions, and additional employee benefits costs) are already included in the applicable fiscal year's budgeted appropriations.
Printed Name:	Click or tap here to enter text.
Signature:	
Job Title:	Click or tap here to enter text.
Date:	Click or tap to enter a date.

FOR PAYROLL ADMINISTRATION

Date Received	Click or tap to enter a date.
Payroll Notes:	Click or tap here to enter text.
Initials:	Click or tap here to enter text.

FOR ADMINISTRATIVE USE:

Entered: _____ (Date)

_____ (Initials)

