



COUNTY OF KENDALL, ILLINOIS
SPECIAL COMMITTEE OF THE WHOLE
Kendall County Office Building, 111 W. Fox Street
County Board Room 209, Yorkville, IL 60560
Thursday, September 26, 2024, at 4:00 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. **Presentation:** by Progressive Business Solutions on 2025 Budget, Solar Performance, Market Impacts, and Mitigation Strategies **(p. 2)**
 - B. **Motion Forward to County Board:** Discussion of Courthouse Office Renovations **(p. 13)**
 - C. **Motion Forward to County Board:** Approval of Contingency Reduction #10 total of \$55,484 with revised contract amount as follows: Lite Construction: \$2,187,094 (\$5,301 increase), Plainfield Grading: \$633,904 (\$ 1,889 increase), Abbey Paving: \$369,906 (\$14,311 increase), Jimmy Z's Masonry \$584,947 (\$11,947 increase), TSI Commercial Flooring \$294,810 (\$ 5,141 increase), Twin Oaks Landscaping: \$101,534 (\$10,975 increase), Otis Elevator: \$97,193 (\$ 2,500 increase), O'Malley Welding: \$24,700 (\$3,420 increase) **(p. 23)**
 - D. **Motion Forward to County Board:** Approval of an Ordinance Establishing Budget Process Guidelines for Budgeted Positions **(p. 26)**
 - E. Discussion of a Memorandum of Understanding Regarding Budget Process Guidelines for Budgeted Positions with Kendall County Elected Offices **(p. 50)**
7. Old Committee Business
8. Department Head and Elected Official Reports
9. Public Comment
10. Questions from the Media
11. Chairman's Report
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.



Kendall County Agenda Briefing

Meeting Type: Committee of the Whole
Meeting Date: 9/26/2024
Subject: Presentation by Progressive Business Solutions re: 2025 Budget, Solar Performance, Market Impacts, and Mitigation Strategies
Prepared by: Dan G. Polvere
Department: Facilities Management

Action Requested:

N/A

Board/Committee Review:

N/A

Fiscal impact:

N/A

Background and Discussion:

Progressive Business Solutions representatives will present information regarding the FY2025 electric & gas budget projections, solar field performance, market impacts, and mitigation strategies.

Staff Recommendation:

N/A

Attachments:

Progressive Business Solutions Power Point Presentation

Kendall County

2025 Budget, Solar Performance, Market Impacts, and Mitigation Strategies

September 26, 2024



KCFM 2025 Operating Budget Electric & Natural Gas Summary



Natural Gas Summary	
Constellation (Projected 2025)	\$175,634
Nicor (Projected 2025)	\$61,788
Total Natural Gas Budget (Projected 2025)	\$237,422
Kendall County 2025 Budget Amount	\$237,422
2024 Budgeted Amount	\$218,227
2024 Actual (Projected)	\$220,055
2024 Actual (Projected vs. Budget)	1%
Electric Summary	
Total Electric Budget (Projected 2025)	\$495,234
Kendall County 2025 Budget Amount	\$495,234
Budgeted Amount (2024)	\$378,023
2024 Actual (Projected)	\$390,275
2024 Actual (Projected vs. Budget)	3.2%
2025 Electric Spend if no solar project was completed	\$645,084

Overview of Solar Savings to Date

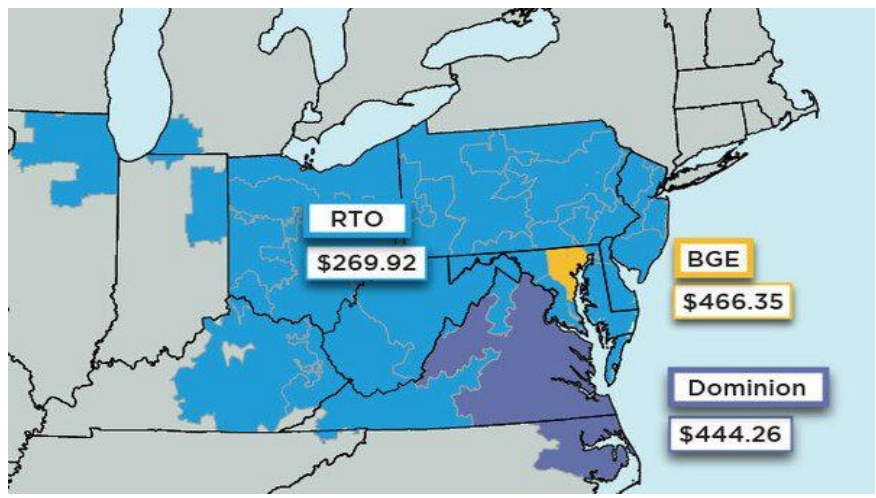
Kendall County Solar Fields for PSC, Courthouse, and HHS

Solar Production to Date:	10,224,298 kWh's
Solar Savings to Date:	\$490,183
Field Fully Energized:	March 2021
Total CO2 Metric Tons Saved:	7,228.58
Equivalent of Miles Driven by Passenger Cars:	17,961,419
Equivalent of Smartphones Being Charged:	923,271,895

Market Impact Factors

1. ComEd Distribution Facilities Charge, Energy Efficiency Charge, and Monthly Customer Increases near 20%
2. PJM Capacity Cost are set to increase 768% beginning June 2025. Following the next auction there is potential for an additional increase of 167% in the June 2026 capacity year.
3. Carbon Free Resource Adjustment (CFRA) is now a monthly charge vs. previous monthly credits in June 2022 to May 2023.

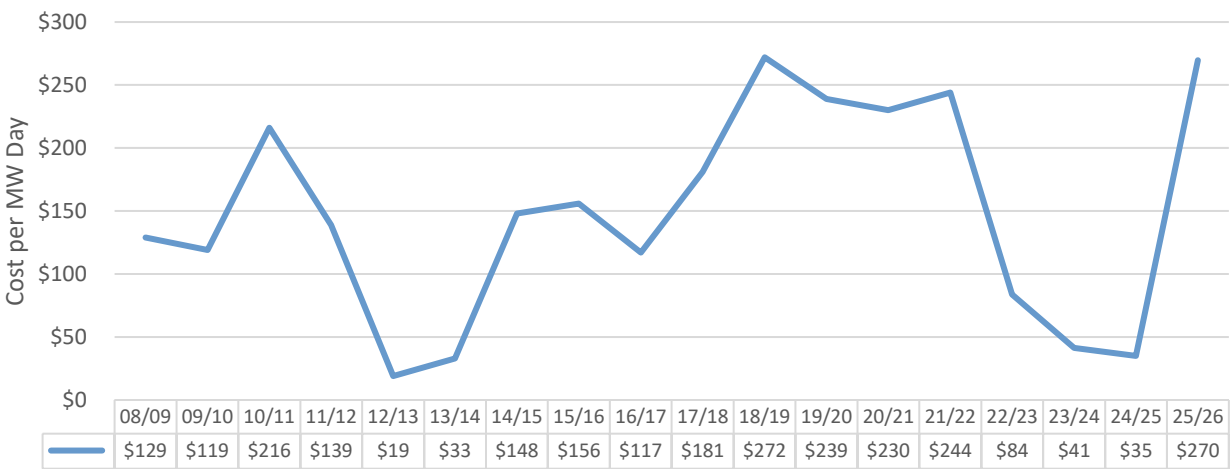
Capacity Cost – What’s Happening?



Prices at PJM Interconnection’s June 2025/ May 2026 base residual auction (BRA) spiked to \$269.92/MW-day for most resources in the wholesale power market, pointing to a tightening supply-demand balance that could have significant implications for the regional transmission organization (RTO).

ComEd is part of the PJM Interconnection coordinates the movement of electricity through all or parts of Delaware, Illinois, Indiana, Kentucky, Maryland, Michigan, New Jersey, North Carolina, Ohio, Pennsylvania, Tennessee, Virginia, West Virginia and the District of Columbia.

Capacity Values per MW/Day since 2008/2009

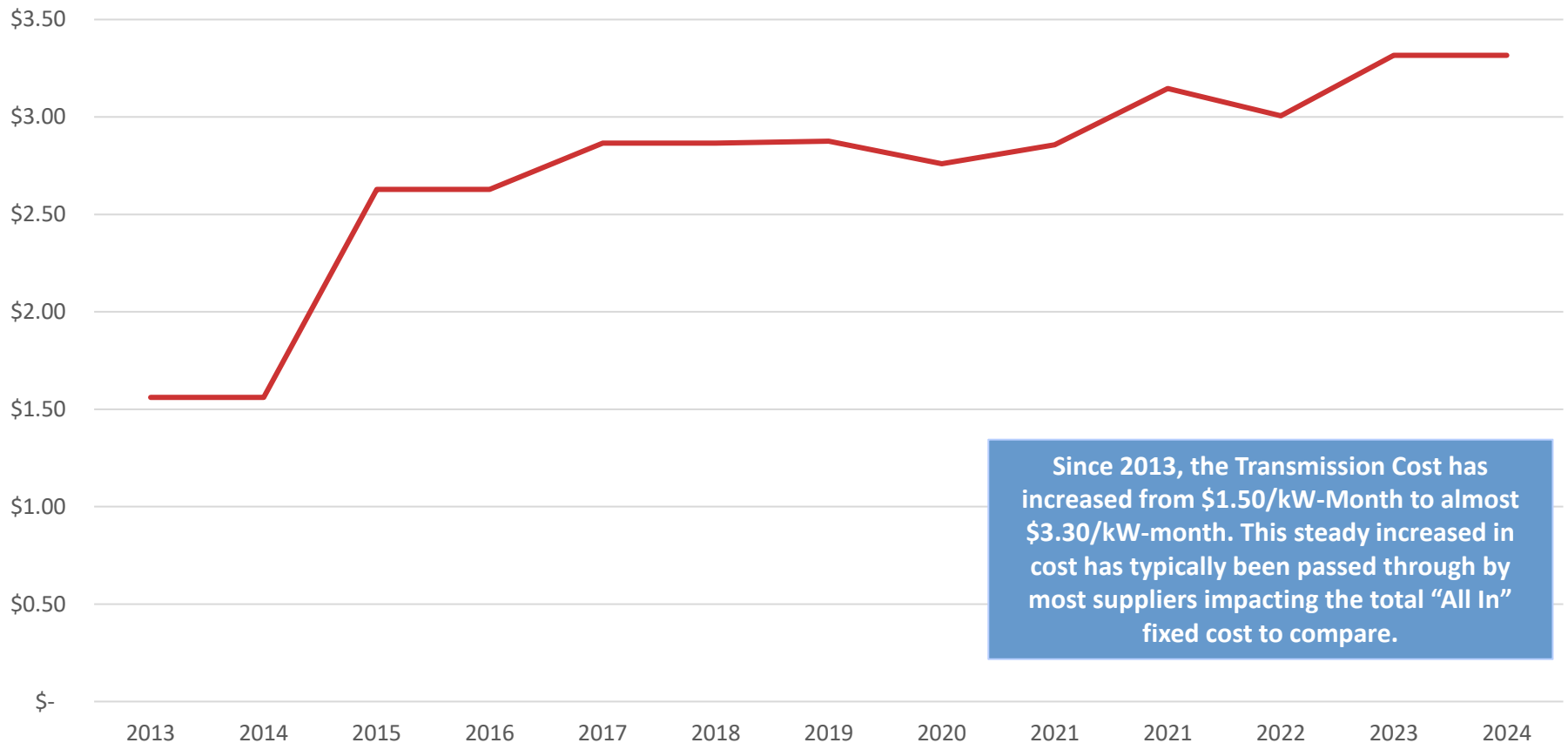


	Before Solar	Current Values	Solar
Courthouse	672.652	76.8197	-595.832
Jail	392.3206	98.1877	-294.133
HHS	119.8302	35.9887	-83.8415
	1184.8028	210.9961	-973.807

Pre-Solar PLC Values would have cost \$120,105 vs. \$18,453 at these increased PJM costs for 2025/2026.

Transmission Costs History

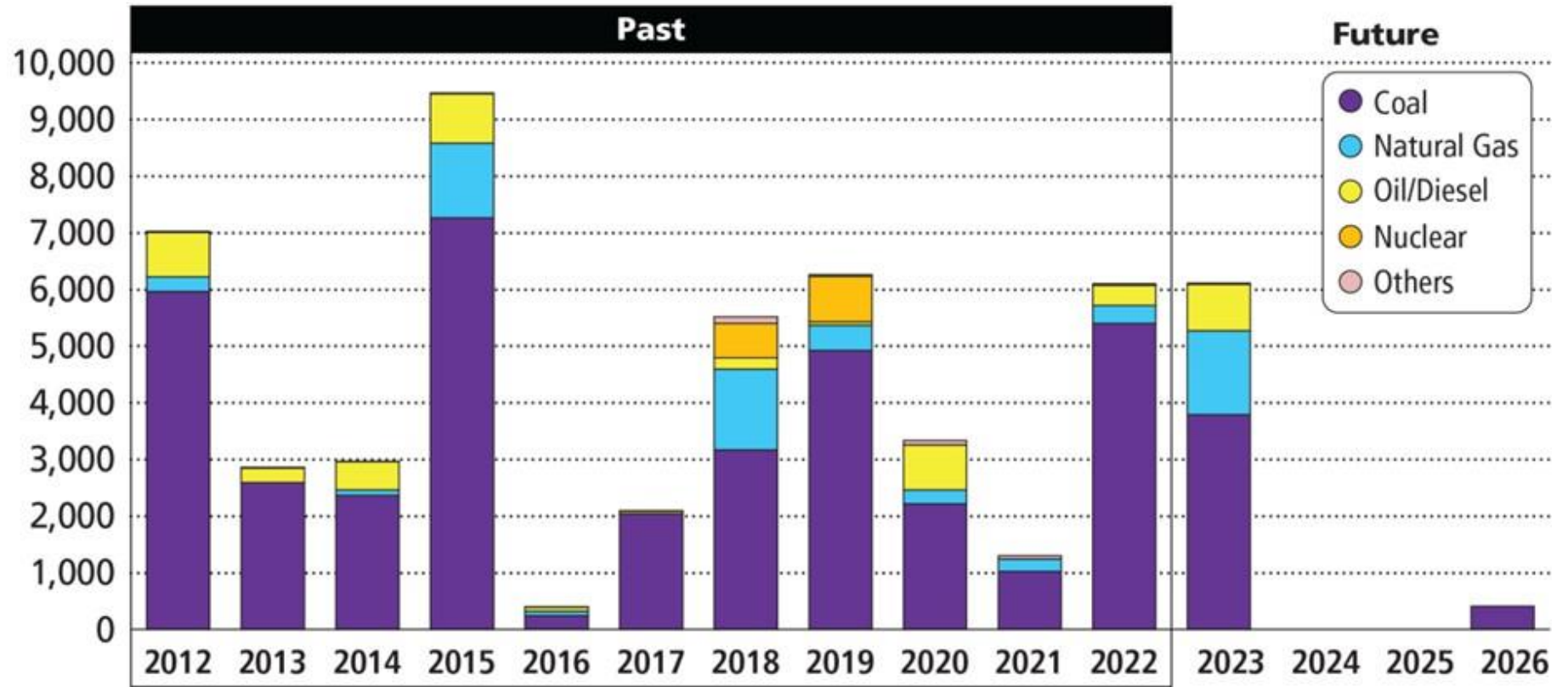
ComEd Transmission Costs
\$/kW-Month



Since 2013, the Transmission Cost has increased from \$1.50/kW-Month to almost \$3.30/kW-month. This steady increase in cost has typically been passed through by most suppliers impacting the total "All In" fixed cost to compare.

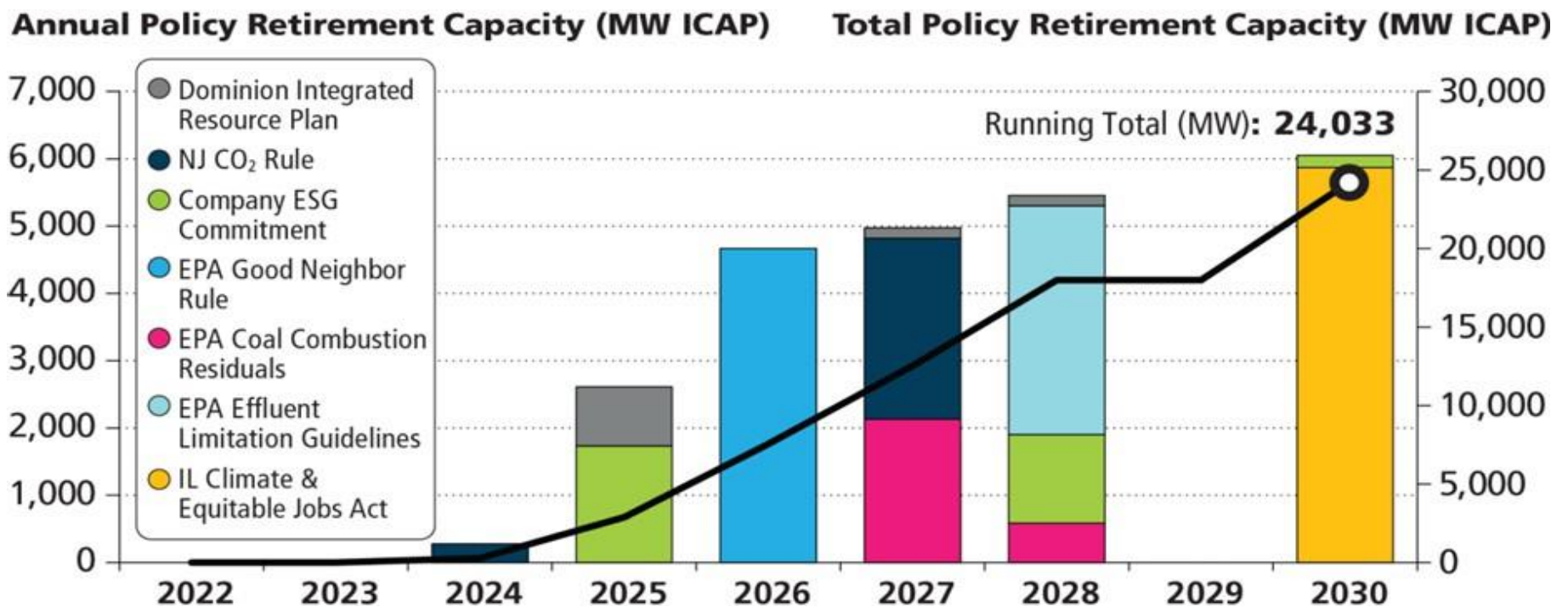
Generation Plant Retirements

Capacity (MW ICAP)



Largely since 2012 the largest sector of generation plant retirements, have been in the Coal sector. Impending future retirements to natural gas generation facilities have placed a strain and gap between current reliability based on these assets vs. new technologies coming online.

Future Generation Retirements



State Mandated Retirements, through 2030, continue to pressure the market for base load capacity on the grid

ComEd Increases on Delivery Charges – CFRA Impact



What is the Carbon-Free Resource Adjustment (CFRA)?

The Carbon-Free Resource Adjustment (CFRA) was created by a provision in the 2021 [Climate and Equitable Jobs Act](#), or CEJA, groundbreaking energy legislation in Illinois. The CFRA was meant to give a subsidy over five years to Illinois nuclear power plants (Bryon, Dresden and Braidwood) to support lower-cost carbon-free energy when market prices were below a certain level. CEJA also requires nuclear plant owners to pay consumers in the form of a bill credit if whole energy prices skyrocketed above a certain level. The idea was that if energy prices were high, the nuclear plants would earn more and wouldn't need the extra subsidy. That led to the CFRA being a credit over most of the past year. The CFRA, which is in effect through 2027, appears as a per-kilowatt-hour charge or credit on bills.

2022		2023		2024	
	Total Invoiced Rate/kWh		Total Invoiced Rate/kWh		Total Invoiced Rate/kWh
January	-	January	(\$0.02384)	January	\$0.016080
February	-	February	(\$0.00330)	February	\$0.016120
March	-	March	(\$0.00033)	March	\$0.020600
April	-	April	(\$0.00033)	April	\$0.023390
May	-	May	(\$0.00333)	May	\$0.013350
June	\$ (0.043060)	June	\$0.01241	June	\$0.008800
July	\$ (0.043060)	July	\$0.01241	July	\$0.006800
August	\$ (0.043060)	August	\$0.01241	August	
September	\$ (0.043060)	September	\$0.01241	September	
October	\$ (0.041150)	October	\$0.01092	October	
November	\$ (0.041150)	November	\$0.01354	November	
December	\$ (0.023840)	December	\$0.01562	December	

Mitigation Strategies

1. Approve to subscribe in a community solar subscription program that offers a minimum of 10% guaranteed savings and a contract term not to exceed 20-years. All County facilities are eligible.
 - Estimated Annual Savings = \$48,600 per year

2. Explore and Implement Battery Energy Storage for the PSC and Courthouse facilities to further drive down demand and monetize the Battery in the PJM Transmission market during peak times. Below are high level estimates:
 - 1 MW and 0.5 MW Battery Estimated Cost = \$5.2 million
 - Percent paid-back in first year = 87.5%
 - ComEd Rebate = 47.5%
 - Federal Direct Pay (Inflation Reduction Act) = 40%
 - Simple Cash Pay Back = 2.2 years
 - Annual income / utility bill saving estimate = \$302,000 per year.
 - Estimated Life = 15 years

3. Facility Assessment on Energy Usage for Lighting Retrofits
 - ComEd Rebates generally pay 70% - 90% of cost
 - Payback generally less than 12 months



Kendall County Agenda Briefing

Meeting Type: Committee of the Whole
Meeting Date: 9/26/2024
Subject: Courthouse Office Renovations Recommendation
Prepared by: Dan G. Polvere
Department: Facilities Management

Action Requested:

Review/approve recommendation and not-to-exceed budget of \$1,500,000

Board/Committee Review:

N/A

Fiscal impact:

\$1,500,000 from Public Safety Capital Fund

Background and Discussion:

The Kendall County Courthouse Office Renovations project was put out to Bid on August 26, 2024. Over (20) Contractors were notified and sent invitations, and of those contacted, (9) contractors were responsive and attended our mandatory Pre-Bid walkthrough on August 30, 2024. Ultimately, at the bid opening date of September 11, 2024, we received (7) Bids.

The Total square footage of the improvements at the Courthouse will encompass approximately 12,521 SF of space. The total cost of these improvements is about \$105/SF for Construction Cost (including contingency).

The lowest responsive and responsible bidder was Lite Construction, Inc. Their base bid was \$971,700.00. There were three Alternates that were Bid as noted below. All three Alternates have been recommended to be included into the Project.

ALTERNATES:

1. **Alternate #1** – Add the ballistic barrier wall at the Secure Lobby to protect the adjacent Office and Corridor spaces. Add **\$103,213.00** to the Base Bid
2. **Alternate #2** – Add gate and modify cueing railing in Secure Lobby as required. Add **\$3,270.00** to the Base Bid
3. **Alternate #3** – Add three CASA Offices at the Second Floor Build-out area. Add **\$29,113.00** to the Base Bid

Thus, the final Bid Amount of Lite Construction, Inc. is **\$1,107,296.00**.

We have done a project scope review with Lite construction, Inc. to ensure they acknowledged full understanding and acceptance of the terms and conditions and have executed our scope review sheets in full. We also reviewed their qualification statement and references and are satisfied that they meet our recommended standards.

The project will also have a Contingency of 7% which equates to \$77,511.00 for any potential unforeseen work, that Cordogan Clark (CC) will monitor and utilize as needed, to account for items that may arise on the project. Thus, the total value of the project, including contingency, Construction Management Bidding and CM Fees & Architectural & Engineering Fees and other project estimated reimbursables is \$1,456,683 as illustrated in the attached Bid Analysis Sheet. \$43,317 will be budgeted for scope outside the agreement with Cordogan & Clark to cover costs associated with fiber runs, surveillance cameras, access control, IT equipment, moving costs and other miscellaneous items to bring the total project budget to \$1,500,000.

Staff Recommendation:

Review/approve recommendation and not-to-exceed budget of \$1,500,000

Attachments:

Cordogan Clark Courthouse Office Renovations Recommendation Letter w/back-up.
Courthouse Office Renovations Floor Plans

September 16, 2024

Kendall County
804 W. John Street, Suite B
Yorkville, IL 60560

RE: Kendall County Courthouse Office Renovations Recommendation

Dear Mr. Polvere:

The Kendall County Courthouse Office Renovations project was put out to Bid on August 26, 2024. Over 20 Contractors were notified and sent invitations, and of those contacted, 9 contractors were responsive and attended our mandatory Pre-Bid walkthrough on August 30, 2024. Ultimately, at the bid opening date of September 11, 2024, we received 7 Bids. The bids were opened and were read aloud and recorded as illustrated in the attached official Bid Tabulation document.

The Project Scope has evolved from earlier concepts to include permanent Office Renovations for the Public Defender Area, adding Security features to the Secure Lobby and CASA Offices. The improvements will be designed and built to be permanent improvements except for a few walls on the 2nd Floor of the Courthouse that will accommodate temporary County Administrative Offices. The Total square footage of the improvements at the Courthouse will encompass approximately 12,521 SF of space. The total cost of these improvements is about \$105/SF for Construction Cost (including contingency). This is a very competitive Cost per SF for renovations in today's market. We typically see these costs to be closer to \$150 to \$175/SF for other Tenant Improvements projects of this nature.

The lowest responsive and responsible bidder was Lite Construction, Inc. Their base bid was \$971,700.00. There were three Alternates that were Bid as noted below. All three Alternates have been recommended to be included into the Project.

ALTERNATES:

1. **Alternate #1** – Add the ballistic barrier wall at the Secure Lobby to protect the adjacent Office and Corridor spaces. Add **\$103,213.00** to the Base Bid
2. **Alternate #2** – Add gate and modify cueing railing in Secure Lobby as required. Add **\$3,270.00** to the Base Bid
3. **Alternate #3** – Add three CASA Offices at the Second Floor Build-out area. Add **\$29,113.00** to the Base Bid

Thus, the final Bid Amount of Lite Construction, Inc. is **\$1,107,296.00**.

We have done a project scope review with Lite construction, Inc. to ensure they acknowledged full understanding and acceptance of the terms and conditions and have executed our scope review sheets in full. We also reviewed their qualification statement and references and are satisfied that they meet our recommended standards. As such, it is our recommendation that Lite Construction, Inc. be awarded the Courthouse Office project for the amount of **\$1,107,296.00**. as noted above.

The project will also have a Contingency of 7% which equates to \$77,511.00 for any potential unforeseen work, that Cordogan Clark (CC) will monitor and utilize as needed, to account for items that may arise on the project. Thus, the total value of the project, including contingency, Construction Management Bidding and CM Fees & Architectural & Engineering Fees and other project estimated reimbursables is \$1,456,683 as illustrated in the attached Bid Analysis Sheet.

Thank you for this opportunity to serve Kendall County on this critical project. Should you agree with the above information and wish for our Team to proceed with the Contract Execution and Project Execution, please execute this document at the signature line provided and return a copy to me for our records.

Respectfully submitted,

Cordogan Clark



Brian Kronewitter, AIA, DBIA | Executive Vice President

County of Kendall Approval:

BY:

DATE:

Its representative

Courthouse Office Renovations

Kendall County

September 11, 2024



BID TABULATION:

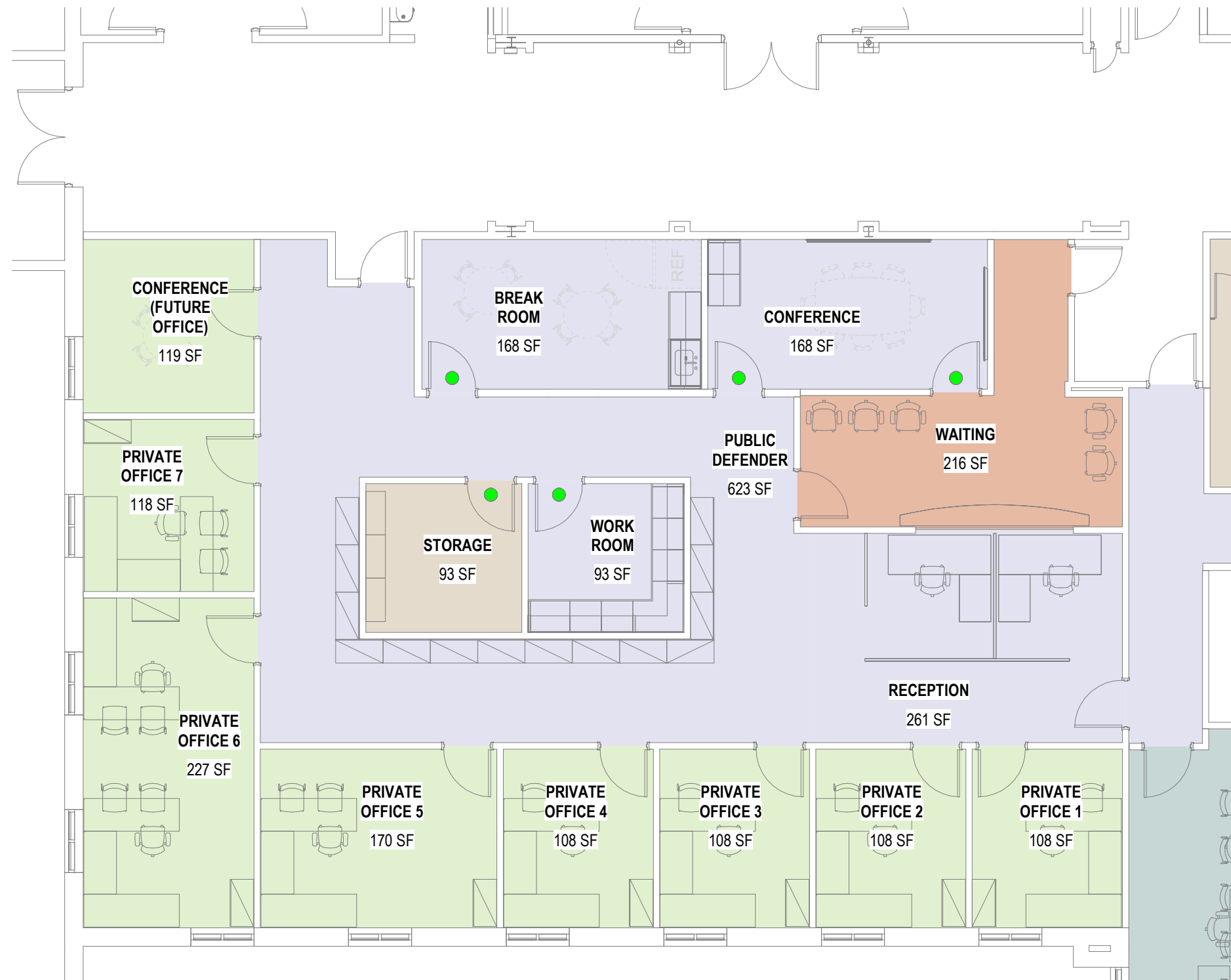
Vendor Name / Address	Bid Bond	Signed Bid Form	Addendum	Base Bid	ALTERNATE #1 Ballistic barrier in main entry	ALTERNATE #2 Removal of railing & restoration of flooring at entry lobby	ALTERNATE #3 All work associated with Rooms 211, 212, and 213 added in Addendum 1	Total Base Bid + Accepted Alts.
Lite Construction Montgomery, IL	X	X	1 - 3	\$971,700	\$103,213	\$3,270	\$29,113	\$1,107,296
KWCC Inc. Montgomery, IL	X	X	1 - 3	\$1,014,800	\$144,900	\$12,900	\$37,000	\$1,209,600
RoMAAS, Inc. Glen Ellen, IL	X	X	1 - 3	\$1,119,900	\$114,000	\$7,000	\$45,000	\$1,285,900
Henry Bros Co. Hickory Hills, IL	X	X	1 - 3	\$1,189,000	\$120,000	\$5,800	\$34,200	\$1,349,000
F.H. Paschen Aurora, IL	X	X	1 - 3	\$1,252,000	\$128,000	\$8,500	\$39,000	\$1,427,500
R B Construction, Inc. Villa Park, IL	X	X	1 - 3	\$1,325,000	\$132,000	\$5,000	\$55,000	\$1,517,000
Construction, Inc. Lombard, IL	X	X	1 - 3	\$1,376,000	\$115,000	\$25,000	\$39,000	\$1,555,000
Total Apparent Lowest Responsive & Responsible Bidder + Accepted Alternates:								\$1,107,296

Kendall County
Courthouse Office Renovations
Bid & Budget Analysis





September 18, 2024

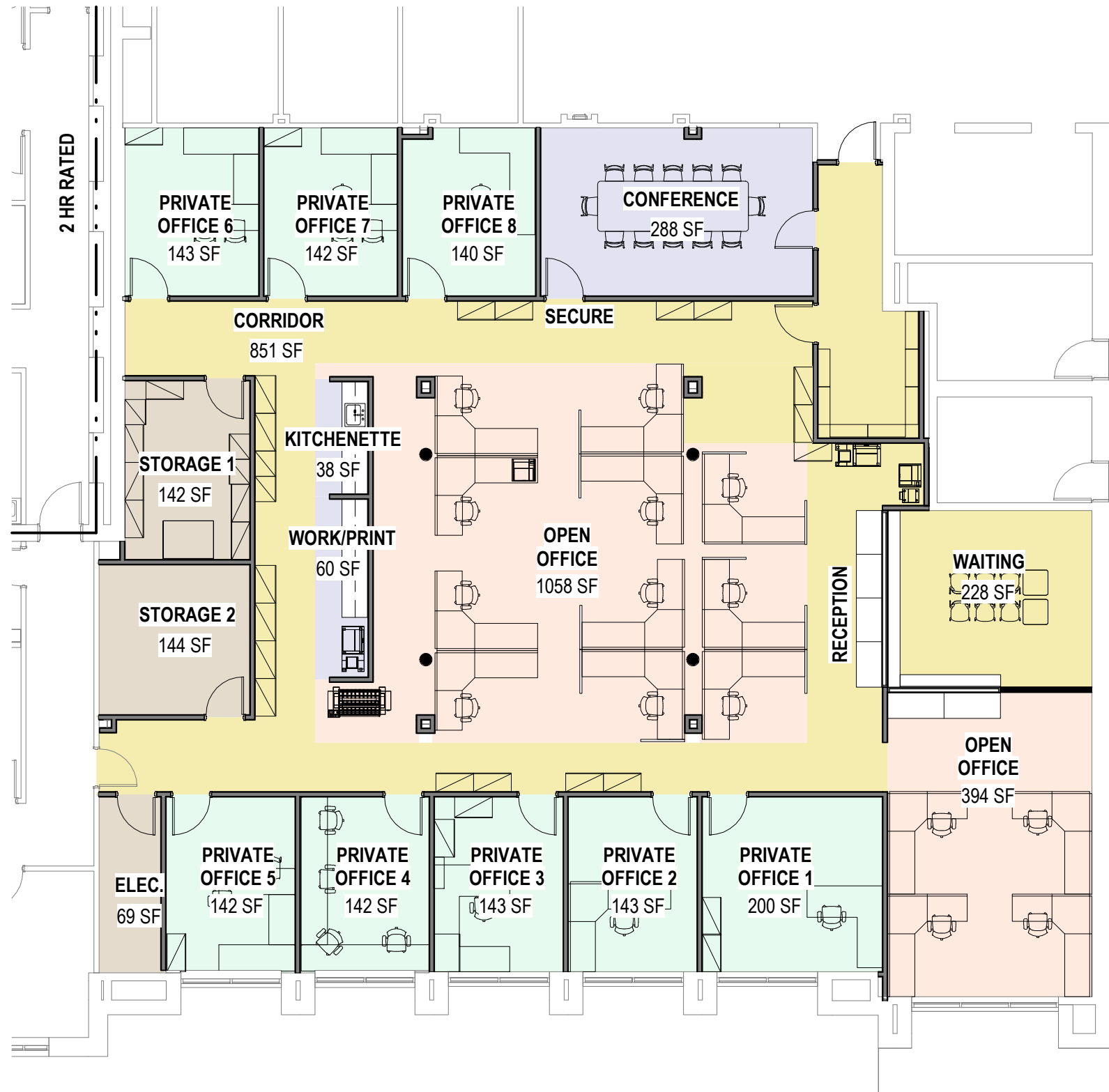


				GSF:	12,521		
Bidder's Name	Base Bid	Accepted Alts.	Total Base Bid + Alts.	Delta From Estimate	Notes & Estimate Cost/SF	% Over / Under	Low Bid SF Cost
Lite Construction Montgomery, IL	\$971,700	\$135,596	\$1,107,296	(\$22,704)	Includes ALL Alternates	-2%	\$88.44
KWCC Inc. Montgomery, IL	\$1,014,800	\$194,800	\$1,209,600	\$79,600	Includes ALL Alternates		
RoMAAS, Inc. Glen Ellen, IL	\$1,119,900	\$166,000	\$1,285,900	\$155,900	Includes ALL Alternates		
Henry Bros Co. Hickory Hills, IL	\$1,189,000	\$160,000	\$1,349,000	\$219,000	Includes ALL Alternates		
F.H. Paschen Aurora, IL	\$1,252,000	\$175,500	\$1,427,500	\$297,500	Includes ALL Alternates		
R B Construction, Inc. Villa Park, IL	\$1,325,000	\$192,000	\$1,517,000	\$387,000	Includes ALL Alternates		
Construction, Inc. Lombard, IL	\$1,376,000	\$179,000	\$1,555,000	\$425,000	Includes ALL Alternates		
*Total Recommended Lowest Qualified Bids or Estimated			\$1,107,296	\$1,130,000			\$88.44
TOTAL COSTS - SUBCONTRACTORS:			\$1,107,296	\$1,130,000	BUDGET		
Construction Contingency:			\$77,511	\$79,100	7%		
General Conditions & General Requirements:			\$82,936	\$79,100	7%		
CM Fees:			\$56,278	\$53,675	4.75%		
SUBTOTAL BUILDING COST:			\$1,324,022	\$1,341,875	BUDGET		\$105.74
Architectural Fees:			\$97,747	\$99,751	8.25%		
Preconstruction Services:			\$12,000	\$12,000			
Other Reimbursables & Fees (FF&E, Testing etc.):			\$22,915	\$22,915			
SUBTOTAL BUILDING COST INCLUDING DESIGN:			\$1,456,683	\$1,476,541	BUDGET		\$116.34
TOTAL PROJECT COST:			\$1,456,683	\$1,476,541	BUDGET		\$116.34



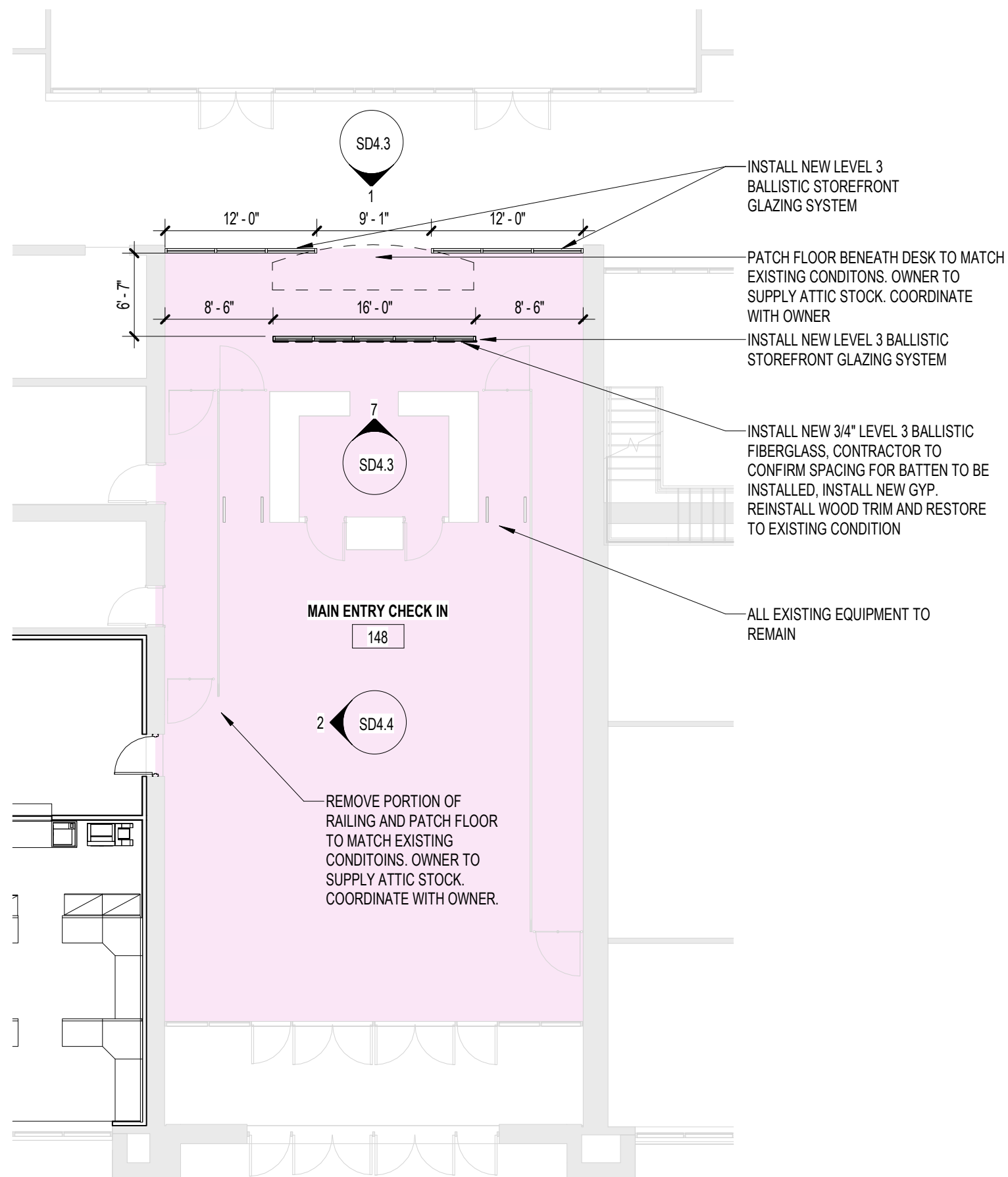
PUBLIC DEFENDER - EXISTING PLAN

	WAITING	215 SF
	SHARED SPACES	1,339 SF
	OPEN OFFICE	
	CONFERENCE	
	BREAK ROOM	
	WORK ROOM	
	RECEPTION	
	OFFICES	1,066 SF
	PRIVATE OFFICES (7)	
	FUTURE OFFICE (1)	
	STORAGE	93 SF
	TOTAL	2,713 SF



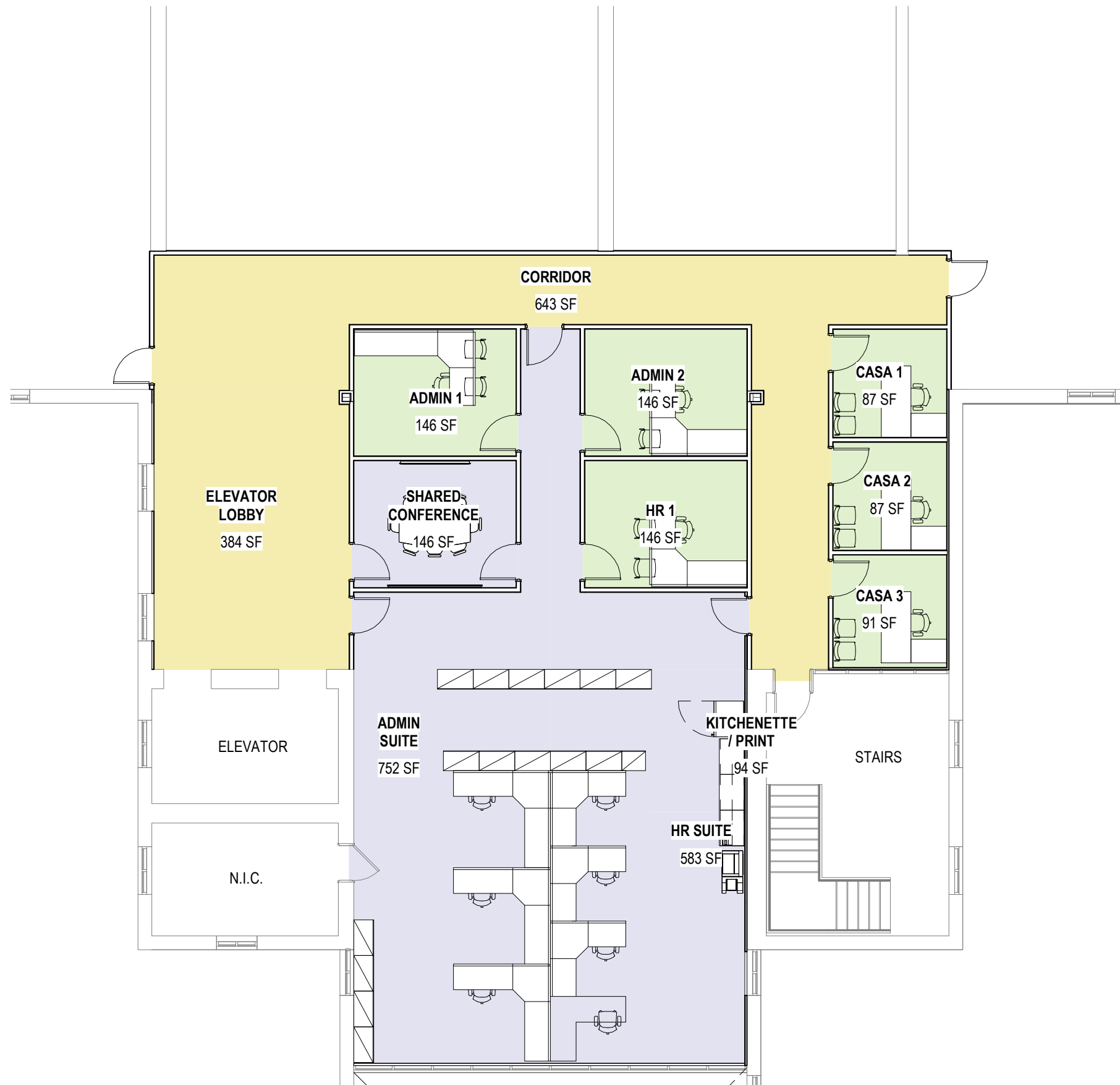
TEMPORARY BUILDOUT - PHASE 1

OPEN OFFICES	1,452 SF
OPEN OFFICE (15 CUBICLES)	
PRIVATE OFFICES	1,195 SF
OFFICES (8)	
SHARED SPACES	386 SF
CONFERENCE	
WORK/ PRINT	
KITCHENETTE	
SUPPORT SPACES	355 SF
STORAGE (2)	
ELECTRICAL	
CIRCULATION	1,181 SF
WAITING	
RECEPTION	
TOTAL	4,570 SF



1ST FLOOR - RENOVATION

	SHARED SPACES	2,015 SF
	ENTRY CHECK IN	
	TOTAL	2,015 SF



2ND FLOOR - RENOVATION

	SHARED SPACES	1,646 SF
	CONFERENCE ROOM (1)	
	OPEN WORK ROOM (1)	
	OPEN OFFICE SPACES (2)	
	KITCHENETTE /PRINT (1)	
	OFFICES	703 SF
	PRIVATE OFFICE (6)	
	CIRCULATION	262 SF
	CORRIDOR (1)	
	ELEVATOR LOBBY (1)	
	TOTAL	2,587 SF



Kendall County Agenda Briefing

Meeting Type: Committee of the Whole
Meeting Date: 9/26/2024
Subject: Phase 1 Contingency Reduction #10
Prepared by: Dan G. Polvere
Department: Facilities Management

Action Requested:

Review & Approve Phase 1 Contingency Reduction #10

Board/Committee Review:

N/A

Fiscal impact:

\$55,484 reduction of Phase 1 Contingency

Background and Discussion:

Contingency Reduction #10 includes:

- 1) extension of temporary heat timeframe for completion of interior finishes.
- 2) material & labor for pipe bollard covers to eliminate future maintenance.
- 3) soil undercuts required at planter bases due to improper soil bearing.
- 4) excavation & concrete work at fire station/back lot and ramp for certificate of occupancy, winter concrete costs.
- 5) window protection: sequencing to close-up building prior to masonry completion to avoid winter mason costs.
- 6) building scaffold around pre-installed equipment.
- 7) add tile to wet walls next to sinks in bathrooms.
- 8) service proposal for landscaping fall maintenance, watering, mowing.
- 9) additional sod around east side of the COB and premium time to complete landscaping.
- 10) reinspection fee for elevator due to fire service connection delay.
- 11) gate for ramp on north end of building.

The total request for Contingency Reduction #10 is \$55,484 with revised contract amounts as follows:

- Lite Construction: \$2,187,094 (\$ 5,301 increase)
- Plainfield Grading: \$ 633,904 (\$ 1,889 increase)
- Abbey Paving: \$ 369,906 (\$14,311 increase)
- Jimmy Z’s Masonry \$ 584,947 (\$11,947 increase)
- TSI Commercial Flooring \$ 294,810 (\$ 5,141 increase)
- Twin Oaks Landscaping: \$ 101,534 (\$10,975 increase)
- Otis Elevator: \$ 97,193 (\$ 2,500 increase)
- O’Malley Welding: \$ 24,700 (\$ 3,420 increase)

The current available contingency is \$118,912.

Staff Recommendation:

Approve Contingency Reduction #10

Attachments:

Contingency Reduction #10

CONTINGENCY REDUCTION

Owner:
 Architect:
 Construction Manager:
 Contractor:
 Field:

PROJECT: Phase One New Office Building

CONTINGENCY REDUCTION #: CR-010

CLIENT: Kendall County
 111 W. Fox Street
 Yorkville, IL 60560

DATE: 9/19/2024
CONTRACT DATE:
PROJECT #: 221071

CONSTRUCTION

MANAGER: Cordogan Clark Consulting Services
 960 Ridgeway Avenue
 Aurora, IL 60506

The Contract is changed as follows:

- | | | |
|--|------------------------------------|-------------|
| 1. Lite Construction | | |
| #24 Extension of temporary heat for completion of interior finishes. | | \$3,280.00 |
| #25 Material & labor for pipe bollard covers to eliminate future maintenance. | | \$2,021.00 |
| | New Contract Amount \$2,187,094.00 | |
| 2. Plainfield Grading | | |
| Soil undercuts required at planter bases due to improper soil bearing. | | \$1,889.00 |
| | New Contract Amount \$633,904.00 | |
| 3. Abbey Paving | | |
| PR-19 Exavation & Concrete Work, Fire station back lot concrete required by City & winter concrete costs. | | \$14,311.00 |
| | New Contract Amount \$369,906.00 | |
| 4. JimmyZ Masonry | | |
| Window protection, sequencing to close up building prior to masonry completion to avoid winter mason costs | | \$7,987.00 |
| E elevation - build scaffold around pre-installed power units. | | \$3,960.00 |
| | New Contract Amount \$584,947.00 | |
| 5. TSI Commercial Flooring | | |
| #3 PR-22 Add tile for wet walls next to sinks in bathrooms. | | \$5,141.00 |
| | New Contract Amount \$294,810.00 | |
| 6. Twin Oaks Landscaping | | |
| Service proposal for fall maintenance, protection & mowing | | \$6,000.00 |
| Additional sod around east side of COB per request of Kendall County | | \$2,625.00 |
| Premium time to get landscaping finished for ribbon cutting. | | \$2,350.00 |
| | New Contract Amount \$101,534.00 | |
| 7. Otis Elevator | | |
| Reinspection fee due to fire service connection set up. | | \$2,500.00 |
| | New Contract Amount \$97,193.00 | |
| 8. O'Malley Welding & Fabricating | | |
| Gate for ramp on north end of new Kendall County Clerk building Fox & Route 47. | | \$3,420.00 |
| | New Contract Amount \$24,700.00 | |

SUB-TOTAL FOR CONTINGENCY REDUCTION: \$55,484.00

The Original Contingency was:	\$505,200.00
Net Change by previously authorized Contingency Reductions:	\$330,804.00
The Contingency prior to this reduction was:	\$174,396.00
The Contingency will be decreased by this reduction in the amount of:	\$55,484.00
The new Contingency with this reduction will be:	<u>\$118,912.00</u>
The Contract Time will be (increased) (decreased) (unchanged) by:	(0) days
The date of Substantial Completion as of the date of this Allowance Reduction, therefore is:	<u>unchanged.</u>

NOTE: This Allowance Reduction does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price that have been authorized by Construction Change Directive until cost and time have been agreed by both the Owner, Contractor & Construction Manager, in which case a Change Order is executed to supersede the Construction Change Directive

NOT VALID UNTIL SIGNED BY THE CONSTRUCTION MANAGER & OWNER:

CONSTRUCTION MANAGER:

Cordogan Clark Consulting Services, Inc.
 960 Ridgeway Avenue
 Aurora, IL 60505

By: _____

Date: _____

OWNER:

Kendall County
 111 W. Fox Street
 Yorkville, IL 60560

By: _____

Date: _____



Kendall County Agenda Briefing

Meeting Type: Committee of the Whole
Meeting Date: 9/26/2024
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:

Finance Committee approved a motion to forward to County Board at its June 27, 2024 meeting

Fiscal impact:

NA

Background and Discussion:

The attached draft ordinance and Memorandum of Understanding establish a process for approval of all budgeted positions within County departments and elected office subject to the County Board’s appropriations. The language of the MOU mirrors that of the ordinance.

The intent of the documents is to provide processes for better tracking staffing levels, compensation and other associated personnel costs across all departments. The ordinance replaces the previous Personnel Action Notices with a more comprehensive document that gathers additional information needed for payroll processing. Changes in staffing levels and compensation will be handled different depending on when they occur, with the preference for all changes occurring during the annual budget approval process. Mid-year staffing and compensation changes will be processed after it is verified that such changes are fully accounted for within the department’s appropriated funds.

The ordinance was revised based on feedback received during Finance Committee discussion and in subsequent review with departments and elected officials. The MOU was created to mirror the ordinance as it was determined to be the preferred method of establishing agreement with the elected officials in this instance.

Staff Recommendation:

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

Review and concurrence with an MOU on Budget Process Guidelines for Budgeted Positions for circulation to Elected Officials for approval, after which the MOU will be forwarded to the County Board for approval.

Attachments:

- Ordinance Establishing Budget Process Guidelines for Budgeted Position
- Memorandum of Understanding Regarding Budget Process Guidelines for Budgeted Positions

**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:

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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.

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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.		

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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.

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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 PEDDA 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. The Approved Headcount will include (a) a headcount of all IMRF qualifying positions and all positions that work on average 30 or more hours in a workweek; and (b) and FTE count for all temporary, part-time, and seasonal Budgeted 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

DRAFT



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?	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
d.	What is the proposed position's FLSA status?	<input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT
e.	Is this proposed position (check one):	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> YEAR-ROUND
f.	Would this position be a Union position?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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.	<input type="checkbox"/> Job description is attached to this form.
n.	The proposed organizational chart (including the proposed position) must be attached to this form.	<input type="checkbox"/> The proposed organizational chart is attached to this form.
o.	Would this proposed position be paid:	<input type="checkbox"/> HOURLY RATE: \$ <input type="checkbox"/> 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.	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.

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:

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	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@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.

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.

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?

- YES
 NO

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):

- This position is included in my Department's/Office's Approved Headcount.
- The above-referenced compensation adjustment is included in my Department's/Office's budgeted personnel appropriations.
- 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: Last First MI **Employee #:**

Department/Office: **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 PEDVA 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:** _____