

## Change request information

Title	Risk Fund Exper	diture Authority			
Number	B-22-05		Department	22 - Human Resources	
Requester	Tammy Devlin				
Published by	Jay Saiki		Publish Date	2023-08-23	
Change Type	Policy Change				
Board outcome	(to be entered l	y budget after	Board action)		
Board Decision					
Board Changes					
Funds affected					
Fund	5050 - Ins	urance Risk			
General Fund Affected? No			More Than One Fund Affected? No		
Policy request p	riority and conr	ection to the s	trategic plan		
Priority #	0		Strategic Plan		
Does this reque	st include feder	al, state, or pri	vate grants?		
Grant Funded?	None				
Grantor and time	rame				
Does this reque	st affect current	positions or p	ropose new pos	itions?	
HR Payroll e-maile	she	No	Position Impac	None	
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Current position n					

## What do you need and why? Include any unexpected and external requirements.

Statement of Need

To increase expenditure authority to match the Risk Fund rates that were previously approved to fund insurance programs and tort claim legal defense costs consistent and in support of the actuarial determined fund reserve.

Increases Professional Services by \$4000 for 2024 and \$3000 for 2025 (supports hiring experts to support defense of legal actions against the county)

Increases Professional Legal Fees by \$20,000 for 2025 (increased need for legal services to defend against county) Increases Insurance by \$1,027,706 for 2024 and \$624,781 for 2025 (funds ongoing insurance premium costs) Increases Claim payments-not 1099 by \$365,000 for 2024 and \$24,000 for 2025 (funds tort claims) Increases Insurance (Property) by \$123,414 for 2024 and \$57,873 for 2025 (funds ongoing insurance property premiums)

## How will this change the performance of your office or department?

Statement of Need

#### Expenditure, FTE and revenue assumptions plus current budget level

Assumptions

Current Budget Level

#### What happens if this isn't funded? Are there other options?

Impacts and Alternatives

#### How does this request affect other offices and departments?

Impact to Other Departments

Which Other Departments are Affected?

Operating Transfer Needed? No

Operating Transfer Coding and Amount

#### **Personnel Information**

FTE	Number	Name	Start Date	End Date
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### **Operating Revenue Line Items**

Org Code	Object Code	Object Description	Project Code	2024	2025
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#### **Capital Revenue Line Items**

Org Code	Object Code	Object Description	Project Code	2024	2025
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### **Operating Expenditure Line Items**

Org Code	Object Code	Object Description	Project Code	2024	2025
5050B682	541000	PROFESSIONAL SERVICES		4,000	7,000.00
5050B682	541007	PROF SVS-LEGAL FEES		-	20,000.00
5050B682	543000	TRAVEL		(1,000)	(1,000.00)
5050B682	546000	INSURANCE		1,027,706	1,652,487.00
5050B682	546002	INS CLAIM PAYMENTS-NOT 1099		365,000	389,000.00

			Total:	1,519,120.00	2,248,774.00
5050B683	546000	INSURANCE		123,414	181,287.00

# Capital Expenditure Line Items

Org Code Object Code Object Description Project Code 2024 20	)25
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