

CORRESPONDENCE CONTROL

GOV. Referral No.: \_\_\_\_\_

DIR Suspense: \_\_\_\_\_

**SUBJECT:**

FINAL APPROVAL REQUEST FOR ORGANIZATIONAL AND FUNCTIONAL STATEMENT CHANGE. WAS:KISC ORGANIZATIONAL AND FUNCTIONAL STATEMENT

*DATED 6/10/20*

TO: NOLAN ESPINDA, DIR

THRU: BMO, DEP-C

*Sumner OCT - 9 2020*

FROM: SHELLEY HARRINGTON, ISCDA

DATE: ~~6/3/2020~~ 6/10/20

- INFO ONLY
- PLEASE SEE ME
- COMMENTS & RECOMMENDATIONS
- APPROPRIATE ACTION
- REPLY FOR \_\_\_\_\_ SIGNATURE
- RECOMMENDED APPROVAL/DISAPPROVAL
- PLEASE SIGN
- FAXED TO \_\_\_\_\_ Date: \_\_\_\_\_
- COPIES GIVEN TO: \_\_\_\_\_

CROSS REF. NO.: 2020-1616

REMARKS:

06-17-2020=RETURNED TO ISCD TO SUBMIT FINAL REQUEST

*M to OB 6/19/20.*

*Please see attachment RN 6/22/2020*

*6/23/20 COR LOG TO HRO CLASSIFICATION AND LABOR RELATIONS. M*

FILE DESIGNATION: \_\_\_\_\_

DATE RETURNED: \_\_\_\_\_

DATE MAILED OUT: \_\_\_\_\_


LOG NO. 2020 - 2106


*10/6/20, Fwd to Pers-LR to review & initial checklist - M*  
*10/8/20 To BMO. M*



June 18, 2020

TO: Nolan P. Espinda, Director

THROUGH: Shari Kimoto, DEP C  
Tessie Fernandez, ASO 

FROM: Shelley Harrington, ISCDA 

SUBJECT: FINAL APPROVAL REQUEST FOR ORGANIZATIONAL AND  
FUNCTIONAL STATEMENT CHANGE

X Delegated Change \_\_\_\_\_ Non-Delegated Change

**Purpose:**

In accordance with Budget Execution Policies and Instructions, Organizational and Functional Changes Instructions and Director's Inter Office Memo dated April 15, 2020, request approval to reorganize or variance position #34598 from Human Services Professional III to Human Services Professional IV, as the cost difference is no more than 20% above the authorized budgeted amount as follows:

Intake Service Center 410, Human Services Professional III, position #34598, Included BU-13, SR-20, Step C (1<sup>st</sup> tier), \$4079/\$48,948 mth/yr, to Human Services Professional IV, Included BU-13, SR-22 C, \$4413/\$52,956 mth/yr or annual increase of \$4,008 is not above 20% of the authorized budget and only reflects an 8% increase. This is within the delegated authority of the Director.

**Reference(s):** This request for final approval complies with the State of Hawaii Administrative Directive 19-02, *Effecting Organizational and Functional Statement Change*.

**Detailed Program Rational and Justification:**

The work assignments for Human Services Professionals within the Kauai Intake Service Center is not varied between Human Services Professional III and Human Services Professional IV, as both function independently and the ability to partial duties is not efficient and conducive to the functions of Kauai Intake Service Center, responsibilities, at Kauai Community Correctional Center, and the obligations to 5<sup>th</sup> Circuit Court. The incumbent is currently temporarily assigned to a Human Services Professional IV in another position number.

**Position(s) Affected:**

<u>Position Number</u>	<u>Current Classification</u>	<u>Salary Range</u>	<u>BU</u>	<u>FTE</u>	<u>Vacant/Filled</u>
34598	Human Services Professional III	SR-20	13	1.0	Filled

**Major Program Segment(s) and Functions Affected:** Intake Service Center 410, Human Services Professional III, position #34598, SR-20, BU-13, SR-20, Step C (1<sup>st</sup>

tier), \$4079/\$48,948 mth/yr, to Human Services Professional IV, Included SR-22, BU-13 at \$4413/\$52,956 mth/yr or annual increase of \$4,008 is not above 20% of the authorized budget and only reflects an 8% increase. This is within the delegated authority of the Director.

**Resource Requirements and Funding Source Explanation:**

The resource requirements are consistent with present allocations, therefore additional resources are sufficient. The funding source is general funds and the program has sufficient funds to absorb the recommended salary.

**Alternatives Considered:**

The alternatives to this request is a status quo, which may result in possible collective bargaining issues.

**Programmatic Impact:**

The impact to the program is a positive as the organizational and statutory mandates will be streamlined and consistent.

**Budget Data and Draft Changes:**

Intake Service Center 410, Human Services Professional III, position #34598, Included BU-13, SR-20, Step C (1<sup>st</sup> tier), \$4079/\$48,948 mth/yr, to HSP IV, included BU-13, SR-22 C, \$4413/\$52,956 mth/yr or annual increase of \$4,008 is not above 20% of the authorized budget and only reflects an 8% increase. This is within the delegated authority of the Director.

**Point of Contact:**

The point of contact is the Intake Service Center Division Administrator, Shelley Harrington, who may be reached at 587-1262.

Recommendation and final approval of proposed Organizational Change:

RECOMMEND:

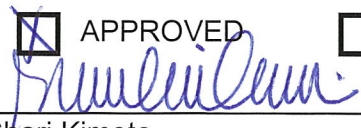
APPROVED  DISAPPROVED

  
\_\_\_\_\_  
Teresita V. Fernandez  
Business Management Officer

  
\_\_\_\_\_  
Date

RECOMMEND:

APPROVED  DISAPPROVED

  
\_\_\_\_\_  
Shari Kimoto  
Deputy Director of Corrections


  
\_\_\_\_\_  
Date

APPROVED  DISAPPROVED

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Date

October 8, 2020

TO: Tessie Fernandez, Business Management Officer  
FROM: Matthew Sutton, Management Analyst   
SUBJECT: KAUAI INTAKE SERVICE CENTER; REQUEST FOR FINAL  
APPROVAL FOR ORGANIZATIONAL AND FUNCTIONAL CHANGE

1. This request for organizational change complies with Department Administration Policy and Procedures, ADM.01.03, *Effecting Organizational and Functional Statement Changes*.
2. Recommend final approval of the Kauai Intake Service Center request for organizational change since it is cost neutral. This request has been reviewed by the Personnel Management Office Classification Section and Labor Relations.
3. Point of contact is Matthew Sutton at 587-3476, or email: [matthew.e.sutton@hawaii.gov](mailto:matthew.e.sutton@hawaii.gov)

**Budget Office Reorg Recommendation**

**Final Request for Organizational and Fictional Statement Change:**

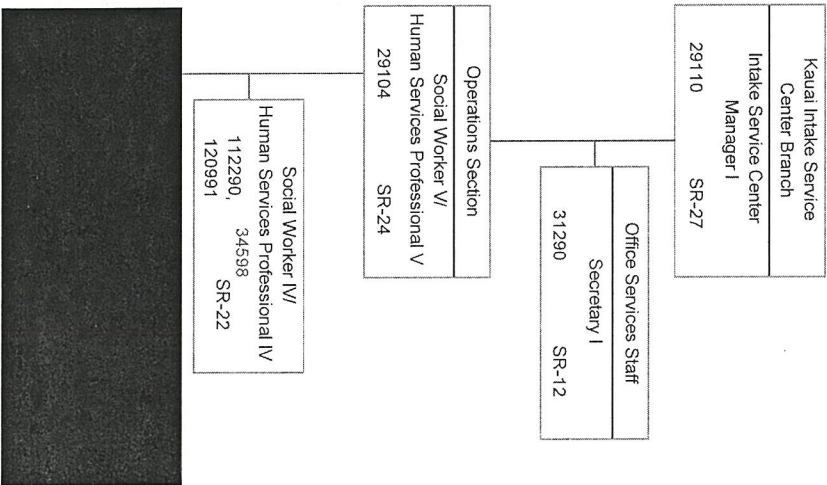
- As of right now our office has no concerns regarding this request.
- Note: this position was just filled by a new employee and this request is using the employee's current salary (the position's new salary was provided by the program manager).
- The program will move operating funds to payroll to make this request cost neutral (see Form CNA for more information).

STATE OF HAWAII  
 DEPARTMENT OF PUBLIC SAFETY  
 OFFICE OF THE DEPUTY DIRECTOR FOR CORRECTIONS  
 INTAKE SERVICE CENTERS DIVISION  
 KAUAU INTAKE SERVICE CENTER BRANCH

POSITION ORGANIZATION CHART

**Proposed**

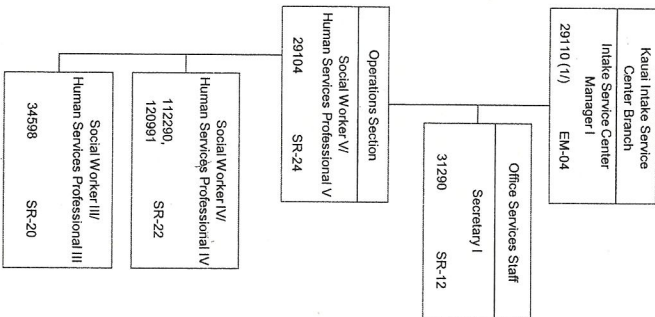
~~June 06, 2018~~  
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**APPROVED**  
 SEP 04 2019

STATE OF HAWAII  
 DEPARTMENT OF PUBLIC SAFETY  
 OFFICE OF THE DEPUTY DIRECTOR FOR CORRECTIONS  
 INTAKE SERVICE CENTERS DIVISION  
 KAUAI INTAKE SERVICE CENTER BRANCH

POSITION ORGANIZATION CHART  
 June 30, 2019  
 Page 55



1/ Intake Service Center Manager I, position #29110, redescrbed from SR-27 to EM-04.  
 Delegated signature 6/30/2019, applied 12/26/2018.



### Checklist for Organization and Functional Statement Changes

This checklist will assist stakeholders in navigating the reorganization process and must remain with both the Request to Initiate and the Final Approval request proposals. The following actions shall be completed and initialed by the designated reviewer(s) in sequence:

**Request to Initiate:** When appropriate, reviewer remarks are made by inserting an addendum page detailing comments and concerns.

- 1. MM Review request for format and completeness. (Management Analyst)
- 2. N/A Provide comments with addendum page. (Operating Budget)
- 3. BA 5/14/20 Provide comments with addendum page. (HRO Classification Only)
- 4. MM Review remarks and prepare recommendations for BMO review. (MA)
- 5. N/A After the Director's decision, return the proposal to the Management Analyst. A file copy is made and the original returned to the initiating program. (MA)

RETURNED: 5/11/20 EXEC MEMO 20-01, CORLOG #2020-1381, 2020-1616.

**Final Approval Request:** When appropriate, the reviewers will attach a narrative analysis within the proposal as an addendum page.

- 1. MM Review proposal for format and completeness. (Management Analyst)
- 2. MM Determine if a Division level organizational segment is being created, abolished, or being changed. If so, indicate on the addendum page or cover sheet that the governor's approval is necessary. (MA)
- 3. RJ Are the changes cost neutral at the program I.D. level? If not, indicate if the governor's approval is necessary on an addendum page. (Operating Budget)
- 4. RJ Are alternative funding resources available within the scope of the programs authority to execute the reorganization? (Operating Budget)
- 5. MA **Return to the Management Analyst** for review. Determine if position variances will need to be approved by the director or the governor, under Administration Directive 18-03 and Administrative Directive 19-02. If the change proposal requires Governors' approval, consider providing an advance draft to B&F/DHRD for consultation. (Operating Budget & MA)
- 6. RJ 6/5/20 Are changes in classification reflected in the proposed reorganization consistent with state-wide classification policies and procedures established by DHRD? (HRO Classification)



Note: Labor Relations questions 7, 8, and 9 only apply if HRO determines Labor Relations consultation is necessary. If the request requires the governor's approval, Labor Relations determination will take place **after** the proposal returns from the Governor's Office. If this proposal requires the governor's approval, skip to the bottom of the checklist to "Governor's Approval (Non-Delegated)."

7.  Will the personnel filling any affected employee positions be affected by the proposed organizational or functional statement change requiring union consultation? (Program coordination with HRO Labor Relations) *no, at an exec spec and level.*
8.  Has consultation taken place about the proposed reorganization, and has the proposed change been disseminated within the affected organizational units to include impacted employees? These discussions must be documented and a summary attached as an addendum to the final proposal. (Program coordination with HRO Labor Relations) *see above*
9.  Consultation occurred with the Collective Bargaining (CB) representatives and has union input been considered for the Request for Final approval. If appropriate, the initiating program may consider revisions to the proposal based on the results of the consultation. (HRO Labor Relations) *see above*

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10.  Is the proposed organizational *structure* appropriate for the organizational functions to be performed consistent with Administrative Directive 19-02? (MA)

11.  Are supervisory relationships accurately reflected and appropriate for the performance of functions and consistent with Administrative Directive 19-02? (MA)

12.  Review remarks and prepare recommendations for BMO review (MA)

13.  After the Director's decision on a delegated organizational and functional statement change, please return the signed proposal to the Management Analyst. (Director's Office)

14. Copies of the changes shall be electronically disseminated to the Office of the Governor, Office of the Lt. Governor, B&F, and DHRD. (MA)

15. \_\_\_\_\_ Return the final approved request to the initiating program and apply changes to the organizational charts and the functional statements on file. (MA)

**Governor's Approval (Non-Delegated):** *MA*

(Continued from Request for Final approval)

7. \_\_\_\_\_ Receive feedback from DHRD and B&F after draft review. (MA)