



BARGAINING/LABOR RELATIONS, HRSD POLICY AND COMPENSATION-RELATED CONCEPT FORM CONFIDENTIAL

DATE: _____ CONCEPT #: _____
 AGENCY: _____ AGENCY #: _____
 DIVISION/PROGRAM/SECTION: _____
 CONTACT PERSON: _____ PHONE #: _____
 ALTERNATE CONTACT: _____ PHONE #: _____

Identify the group(s) impacted by this concept:

Represented Unrepresented (Classified/Unclassified) Executive Management
 (If represented) Are the employees? Strikeable Strike prohibited Both
 If represented, identify the represented employees' union/association representative(s) _____;
 _____; _____; _____; _____.

SECTION A. PROPOSED BARGAINING/LABOR RELATIONS CONCEPT

(Attach additional pages, if necessary and provide documentation in support of the concept where available)

1. Define the problem _____

2. How does the problem adversely affect day-to-day operations? (See instructions for more detail.)

3. What is the resolution Concept? _____

4. How will the concept resolve the problem? Please be as specific as possible. _____

5. What, if any, are the policy implications? _____
6. Are other state agencies impacted? Yes No If Yes, identify: _____
7. Do you anticipate opposition to the concept? Yes No If Yes, why? _____

8. Has this concept been previously proposed? Yes No If Yes, what Year(s): _____
 What happened? _____
 Why are you proposing it again? _____

9. Would statutory amendment(s) be required? Yes No If Yes, identify ORS(s): _____

10. Is new statutory language involved? Yes No Is this housekeeping only? Yes No

11. Does the concept respond to current federal legislation or case law? Yes No

If yes, identify federal statute(s) or case law: _____

12. Is the concept in response to a judicial decision (including a decision of the ERB)? Yes No

Grievance settlement? Yes No Arbitration? Yes No

Name or Case Citation: _____

#/Date of Opinion, Resolution/Award: _____ (attach copy)

13. Is a Policy Option Package being proposed in the 2009-2011 Agency budget? Yes No

If yes, complete the 'Fiscal Impact Estimate' on page 4.

SECTION B. PROPOSED HRSD POLICY CONCEPT (Attach additional pages, if necessary and provide documentation in support of the concept where available)

1. New Policy? _____ (see 2a) Existing Policy No. _____ (see 2b)

2.a. Define the Proposed Policy Concept _____

2.b. How does the existing policy/policy deficiency adversely affect day-to-day operations? (See instructions for more detail.)

3. What is the resolution Concept? _____

4. How will the concept resolve the problem? Please be as specific as possible. _____

5. What, if any, are the policy implications? _____

6. Are other state agencies impacted? Yes No If yes, identify: _____

7. Do you anticipate opposition to the concept? Yes No If yes, why? _____

8. Has this concept been previously proposed? Yes No If yes, what Year(s): _____

What happened? _____

Why are you proposing it again? _____

9. Would statutory amendment(s) be required? Yes No If yes, identify ORS(s): _____

10. Is new statutory language involved? Yes No Is this housekeeping only? Yes No

11. Does the concept respond to current federal legislation or case law? Yes No
 If yes, identify federal statute(s) or case law: _____
12. Is the concept in response to a judicial decision (including a decision of the ERB)? Yes No
 Grievance settlement? Yes No Arbitration? Yes No
 Name or Case Citation: _____
 #/Date of Opinion, Resolution/Award: _____ (attach copy)
13. Is a Policy Option Package being proposed in the 2009-2011 Agency budget? Yes No
 If yes, complete the 'Fiscal Impact Estimate' on page 4.

SECTION C. PROPOSED CONCEPT FOR COMPENSATION-RELATED ADJUSTMENT

Identify the group(s) impacted by this concept:
 Represented Unrepresented (Classified/Unclassified) Executive Management
 (If represented) Are the employees? Strikeable Strike prohibited Both
 If represented, identify the represented employees' union/association representative(s) _____;
 _____; _____; _____; _____.

1. What is the Compensation Concept? _____
2. Which Compensation Plan(s) and/or Policies are affected: _____
3. What is the purpose of the proposed concept? _____
4. Explain policy implications, if any. _____
5. Are there any unique comparators that should be considered? Yes No If YES, whom? _____
6. Are you having severe recruitment/retention problems with any classifications or PE/M positions?
 Yes No If yes, which classes/positions; _____
 _____ (Attach Supporting Documentation)
7. Do you anticipate any opposition? Yes No If YES, who? _____
 If yes, why? _____
8. Is a Policy Option Package being proposed in the 2009-2011 agency budget?
 Yes No If yes, complete the 'Fiscal Impact Estimate' on page 3.

SECTION D. FISCAL IMPACT

1. Does the concept(s) have a fiscal impact? Yes No
 If yes, complete the 'Fiscal Impact Estimate' on page 4. This is required for each concept.

Please return this form to your agency Human Resources Office.

AGENCY APPROVAL BY: _____

TITLE: _____ DATE: _____

Your HR Office will send the completed, approved form and attachments (including the concept's draft language and the Fiscal Impact form, as necessary) to HRSD Labor Relations Unit, Department of Administrative Services, 155 Cottage Street NE, U80, Salem, OR 97301-3971 **no later May 30, 2008.**

Fiscal Impact Estimate

(To Be Completed by Agency Head or Designee)

COMPLETE AND ATTACH A 'FISCAL IMPACT ESTIMATE' TO EACH CONCEPT SUBMITTED

Date: _____

Concept No.: _____

Agency Name: _____

Agency Number: _____

Subject/Title: _____

Contact Person: _____

Phone No.: _____

Alternate Contact: _____

Phone No.: _____

Does this concept initiate or increase a fee or assessment? Yes No

Is a Policy Option Package being proposed in the 2009-2011 agency budget? Yes No

If yes, please identify _____

	<u>2009-2011</u>	<u>2011-2013</u>
Effect on Expenditures (By Fund Type):		
Personal Services	\$ _____	\$ _____
Services and Supplies	\$ _____	\$ _____
Capital Outlay	\$ _____	\$ _____
Special Payments	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

Effect on Revenues (By Fund Type):

Effect on Position/FTE (Increase or Decrease):

Detail: (Include organizational impact, assumptions for cost or revenue per unit and number of units):

Please return this form to your agency Human Resources Office.

AGENCY APPROVAL BY: _____

TITLE: _____ DATE: _____

Your HR Office will send the completed, approved form and attachments (including the concept's draft language and the Fiscal Impact form, as necessary) to HRSD Labor Relations Unit, Department of Administrative Services, 155 Cottage Street NE, U80, Salem, OR 97301-3971 **no later May 30, 2008.**

INSTRUCTIONS FOR COMPLETING BARGAINING/LABOR RELATIONS, HRSD POLICY AND COMPENSATION-RELATED CONCEPT FORM

GENERAL INSTRUCTIONS: Each bargaining/labor relations, HRSD policy, or compensation-related concept for the 2009-2011 biennium must be on a separate form and include the information outlined below. You may photocopy the form or create a computer-generated document. Do not leave any section blank. Enter "none" or "not applicable" if that is the case. You may include additional explanatory material in the concept package.

Send the concept form and all supporting material **to your agency's Personnel/Human Resources Office**. Early submissions are encouraged.

HEADING INFORMATION:

CONCEPT No. - Designate individual concepts with a combination of your agency number and sequential letters (e.g., the Department of Administrative Services would use 107-A, 107-B, 107-C, etc.). These letters do not indicate any priority ranking of concepts.

DATE - Indicate the date the concept is submitted to your agency Personnel Office.

AGENCY - Include the agency name. Also, include name of the division, program or section.

CONTACT PERSON(S)/PHONE NUMBER - Indicate the names and phone numbers for at least two persons in your agency who are knowledgeable about the concept, in case of questions.

SECTION A: BARGAINING/LABOR RELATIONS OR HR POLICY CONCEPT

1. **PROBLEM** - Describe the problem. Please be as clear and specific as possible.
2. Describe how the problem adversely affects day-to-day operations. Please be as clear and specific as possible, and provide a direct connection between the problem definition and the adverse effects on operations.
3. **WHAT IS THE RESOLUTION CONCEPT?** - Describe or attach copy of proposed policy or contract language. Explain the concept in as much detail as possible.
4. **HOW WILL THE RESOLUTION CONCEPT RESOLVE THE PROBLEM?** - Explain specifically how the concept will resolve the problem and why a change is needed.
5. **POLICY IMPLICATIONS** - Present the policy implications of your bargaining/labor relations or policy concept. Does this concept change or replace a current provision? And if so, how? Would the concept require a new contract or policy provision? What happens if the concept is approved and/or negotiated, if applicable, and what happens if it is not? If applicable, indicate which existing resources will be used and the effect on existing programs.
6. **AGENCIES AFFECTED** - List other state and local agencies affected by your bargaining/policy concept.
7. **ANTICIPATED OPPOSITION** - Specify stakeholders, interest groups, federal, local, or other state agencies that may oppose this concept and explain why.
- 8-12. **GENERAL CONCEPT INFORMATION** - Please check all that may apply and fill in the applicable blanks. Failure to complete this section will result in the bargaining/labor relations or policy concept being returned to you or the agency.

13. **Policy Option Package** - If yes, include response on fiscal impact form.

SECTION B: COMPENSATION-RELATED CONCEPT

1. **COMPENSATION CONCEPT** - A description of the compensation concept you are proposing.
2. **COMPENSATION PLAN(S) AND/OR POLICY AFFECTED** - Identify all compensation plans and policies that may be impacted by the proposed concept.
3. **PURPOSE OF CONCEPT** - Discuss the reason for the concept or the problem the concept is trying to resolve. Attach additional supporting documentation as needed.
4. **POLICY IMPLICATIONS** - Present the implications of your concept. What happens if the concept is implemented? What happens if it is not? If applicable, indicate which existing resources will be used and the affect on existing programs.
5. **RECRUITMENT AND RETENTION** - Identify the classification with which you are experiencing severe problems recruiting and hiring and retaining qualified employees. Fully explain the problem and attach all supporting documentation, such as detailed information about recent recruiting efforts, hires, separations, and number of candidates refusing employment due to "low" compensation. Complete the concept form for each classification.
6. **OTHER STATE AGENCIES AFFECTED** - List other state agencies that would be affected by the bargaining/policy concept.
7. **ANTICIPATED OPPOSITION** - Specify stakeholders, interest groups, federal, local, or other state agencies that may oppose the concept and explain why.
8. **POLICY OPTION PACKAGE** - If yes, include response on fiscal impact form.

AGENCY APPROVAL - Each concept form must be signed by an agency employee authorized to commit to policy and fiscal changes.

INSTRUCTIONS FOR COMPLETING FISCAL IMPACT ESTIMATE

GENERAL INSTRUCTIONS: Each bargaining or compensation-related concept for the 2009-2011 biennium must include a completed fiscal impact estimate, as necessary. Fiscal impact means an increase or decrease in state agency expenditures, revenues, positions, or full-time equivalent positions (FTE) beyond amounts in 2007-2009 approved budgets, or other financial effect on other bargaining units or unrepresented, executive and management employees of state government.

You may photocopy the form. Do not leave any section blank. Enter "none" or "not applicable" if that is the case. The original estimate must accompany the applicable concept. Amend the fiscal impact estimate as needed to reflect changes in the original concept or later draft legislation. **The estimated fiscal impact for all approved bargaining or labor relations and compensation-related concepts must be included in the agency's 2009-2011 budget request.**

HEADING INFORMATION: This information should be identical to the information on the Bargaining/ Labor Relations, HR Policy and Compensation-Related Concept Form.

Please note if this concept includes a proposed new or increased fee or assessment, identify whether a Policy Option Package is being proposed in the 2009-2011 agency budget.

EFFECT ON EXPENDITURES - Indicate the effect for each state agency impacted. Estimate the fiscal impact for both the 2009-2011 and 2011-2013 biennia. Include information on Personal Services, Services and Supplies, Capital Outlay and Special Payments. Do not add inflation for the second biennium, although you may include step increases for positions. Identify the source of funding (*i.e.*, General, Other, Federal, or Lottery).

EFFECT ON REVENUES - Estimate revenues for both the 2009-2011 and 2011-2013 biennia. Do not add inflation for the second biennium. Estimates must identify the type of revenue (*i.e.*, General, Other, Federal, or Lottery).

EFFECT ON POSITIONS/FTE - List by job classification the total number of old and new positions and FTE needed to implement the concept. Show this information for both the 2009-2011 and 2011-2013 biennia. If the concept reduces staff, or avoids or delays the addition of staff, include this information.

DETAIL - Discuss how the concept affects existing organization(s), if applicable. Does it require staff reorganization or change of agency priorities? Does it increase or reduce regulation, improve service or communications?

Also include supporting information on assumptions for the fiscal impact estimates. For expenditure estimates, include the expected number of units and costs per unit served (*i.e.*, number of cases, clients or workload units and the estimated cost for each). For revenue estimates, identify whether a change in fees, Federal Funds, or General Fund appropriation is needed. For fee changes, indicate whether the agency has authority to make the change administratively, or whether legislative approval is required. For Federal Funds, indicate the probability of continued funding. If Other Funds or Federal Funds expenditures are reduced, but revenues remain at current levels, discuss alternative uses of the remaining funds.

Any other descriptive or qualifying information about the fiscal impact of the concept should be attached.

QUESTIONS? CONTACT:



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155 Cottage Street NE, U80
Salem, OR 97301-3967
Phone: (503) 378-3141
FAX: (503) 373-7530