LINN COUNTY BOARD OF SUPERVISORS
MEETING AGENDA
Monday, March 23, 2020
11 a.m.
Formal Board Room—Jean Oxley Public Service Center
935 2nd St. SW, Cedar Rapids, IA

Call to Order

Public Comment: Five Minute Limit per Speaker
This comment period is for the public to address topics on today’s agenda.

Minutes
Discuss and decide on meeting minutes.

Update on Linn County’s response to COVID-19

Discuss a Vacancy Form requesting an Assistant Teacher for Child Development with Linn County Community Services

Discuss a Vacancy Form requesting an Early Childhood Teacher for Child Development with Linn County Community Services

Public Comment: Five Minute Limit per Speaker
This is an opportunity for the public to address the board on any subject pertaining to board business.

Payroll Authorizations
Discuss and decide on Employment Change Roster (payroll authorizations).

Claims
Discuss and decide on claims.

Correspondence

Legislative Update

Appointments

Adjournment

To adhere to social distancing requirements, Linn County employees and the public may participate in this meeting as follows:

1) Conference call—telephone number 866-576-7975, access code 218839#
2) Email questions or comments prior to or during the meeting to: bd-supervisors@linncounty.org

For questions about meeting accessibility or to request accommodations to attend or to participate in a meeting due to a disability, please contact the Board of Supervisors office at 319-892-5000 or at bd-supervisors@linncounty.org.
VACANCY FORM

SELECT ONE:
☐ NEW POSITION
☐ REPLACEMENT
REPLACES: ____________________________

SELECT ONE:
☐ NEW JOB CLASSIFICATION
☐ EXISTING JOB CLASSIFICATION

JOB TITLE: Assistant Teacher

DEPARTMENT: LCCS-Child Development

VACANCY DATE: 4-1-2020

SHIFT/HOURS: 9:30 - 5:30
NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (if applicable):
☐ BUDGET OFFER
☐ GRANT FUNDING
☐ OTHER: ____________________________

NEW POSITION FUNDING SOURCE(S):
additional grant with HACAP

POST TO INSIDE: ☐ YES ☐ NO
ADVERTISE: ☐ YES ☐ NO

IF NO, GIVE EXPLANATION (i.e. not filling due to operational needs): ____________________________________________

POSITION TYPE:
☐ FULL-TIME ☐ PART-TIME # of hours/week ☐ TEMPORARY/SEASONAL
☐ ON-CALL/SUBSTITUTE ☐ GRANT-FUNDED
☐ BARGAINING UNIT: ☐ Clerical ☐ Maintenance ☐ Para Professional ☐ Professional
☐ Attorneys ☐ Conservation ☐ Sergeants ☐ PPME
☐ NON-BARGAINING UNIT (Management and Confidential Employees)

APPROVED BY: ____________

DEPARTMENT HEAD (original signature required) 3-9-2020

DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:

PAY GRADE: ____________________________ STARTING SALARY: ____________________________

HR DIRECTOR COMMENTS: ____________________________________________________________

FINANCE/BUDGET DIRECTOR COMMENTS: _____________________________________________

APPROVED BY: ____________

HUMAN RESOURCES DIRECTOR

DATE 3-19-20

APPROVED BY: ____________

FINANCE/BUDGET DIRECTOR

DATE 3-19-20

APPROVED BY: ____________

CHAIRPERSON/BOARD OF SUPERVISORS

DATE
VACANCY FORM

SELECT ONE:
☒ NEW POSITION
☐ REPLACEMENT
REPLACES: ____________________________

☐ NEW JOB CLASSIFICATION
☐ EXISTING JOB CLASSIFICATION

JOB TITLE: Early Childhood Teacher
DEPARTMENT: Child Development - Lecs
VACANCY DATE: 4-1-2020

□ BUDGET OFFER
☒ GRANT FUNDING
□ OTHER: ____________________________

SHIFT/HOURS: 8:00 - 4:00
NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (If applicable):
NEW POSITION FUNDING SOURCE(S):
Additional grant with HACAP

POST TO INSIDE: ☑ YES ☐ NO
ADVERTISE: ☑ YES ☐ NO

IF NO, GIVE EXPLANATION (i.e. not filling due to operational needs):
___________________________________________

POSITION TYPE:
☒ FULL-TIME
☐ PART-TIME
☐ # of hours/week
☐ TEMPORARY/SEASONAL
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☐ NON-BARGAINING UNIT (Management and Confidential Employees)

APPROVED BY: [Signature]
DEPARTMENT HEAD (original signature required) 3-9-2020
DATE

FOR HUMAN RESOURCES DEPARTMENT USE ONLY:
PAY GRADE: ____________________________ STARTING SALARY: ____________________________

HR DIRECTOR COMMENTS: ____________________________

FINANCE/BUDGET DIRECTOR COMMENTS:

APPROVED BY: [Signature]
HUMAN RESOURCES DIRECTOR 3-19-20
DATE

APPROVED BY: [Signature]
FINANCE/BUDGET DIRECTOR 3/19/20
DATE

APPROVED BY: ____________________________
CHAIRPERSON/BOARD OF SUPERVISORS
DATE