

BOARD OF SUPERVISORS

District 1 | **Stacey Walker**

District 2 | **Ben Rogers**

District 3 | **Brent Oleson**

JEAN OXLEY LINN COUNTY PUBLIC SERVICE CENTER

935 2ND ST. SW

CEDAR RAPIDS, IA 52404

PH: 319-892-5000 | FAX: 319-892-5009

LinnCounty.org



**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.

LINN COUNTY HUMAN RESOURCES DEPARTMENT
JEAN OXLEY LINN COUNTY PUBLIC SERVICE CENTER
935 2ND ST. SW
CEDAR RAPIDS, IA 52404
PH: 319-892-5120 | FAX: 319-892-5129

LinnCounty.org



VACANCY FORM

SELECT ONE:

NEW POSITION

REPLACEMENT

REPLACES: _____

SELECT ONE:

NEW JOB CLASSIFICATION

EXISTING JOB CLASSIFICATION

JOB TITLE: Assistant Teacher

DEPARTMENT: LECS-Child Development

SHIFT/HOURS: 9:30-5:30

VACANCY DATE: 4-1-2020

NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (if applicable):

NEW POSITION FUNDING SOURCE(S):

BUDGET OFFER

GRANT FUNDING

OTHER: _____

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: David Fisher
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: Lisa D. Powell
HUMAN RESOURCES DIRECTOR

3-19-20
DATE

APPROVED BY: D. Jendrich
FINANCE/BUDGET DIRECTOR

3/19/20
DATE

APPROVED BY: _____
CHAIRPERSON/BOARD OF SUPERVISORS

DATE

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VACANCY FORM

SELECT ONE:

NEW POSITION

REPLACEMENT

REPLACES: _____

SELECT ONE:

NEW JOB CLASSIFICATION

EXISTING JOB CLASSIFICATION

JOB TITLE: Early Childhood Teacher

DEPARTMENT: Child Development - LCCS

SHIFT/HOURS: 8:00-4:00

VACANCY DATE: 4-1-2020

NUMBER OF POSITIONS: 1

REASON TO ADD NEW POSITION (if applicable):

NEW POSITION FUNDING SOURCE(S):

BUDGET OFFER

GRANT FUNDING

OTHER: _____

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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3-9-2020

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PAY GRADE: _____ STARTING SALARY: _____

HR DIRECTOR COMMENTS: _____

FINANCE/BUDGET DIRECTOR COMMENTS: _____

APPROVED BY: Lisa D. Powell
HUMAN RESOURCES DIRECTOR

3-19-20

DATE

APPROVED BY: Deann Gindler
FINANCE/BUDGET DIRECTOR

3/19/20

DATE

APPROVED BY: _____
CHAIRPERSON/BOARD OF SUPERVISORS

DATE