

CITY OF FOND DU LAC - Memorandum

City Clerk's Office

Date: May 24, 2012

To: Deb Hoffmann, City Attorney/HR Director

From: Sue L. Strands, City Clerk

Re: Resolution 8322

The subject document was adopted at the May 23, 2012
City Council meeting.

A copy is attached for your records.

cc: Tom Herre, City Manager
Hal Wortman, Director of Administration

RESOLUTION NO. 8322

**A RESOLUTION ADOPTING A PAY PLAN BASED ON THE CARLSON DETTMANN
COMPENSATION STUDY OF 2011/12**

WHEREAS, changes in Wisconsin's labor relations law have made it prudent for the City Of Fond du Lac to review its pay plans; and

WHEREAS, in response to these changes the City requested that an employee compensation study be conducted; and

WHEREAS, the Carlson Dettmann Compensation Study was introduced to the Council at a Committee of the Whole meeting on March 14, 2012. The report has been made public and is available on the City of Fond du Lac website under the Human Resources Department page; and

WHEREAS, the report has been discussed at multiple meetings and at employee listening sessions; and

WHEREAS, Consultant Carlson has recommended that the City adopt Pay Plan Option 2, which has 18 Grades with 11 steps within each grade. A copy of which is attached hereto; and

WHEREAS, there is no recommendation to cut the base pay of any existing employee as part of the implementation of the compensation study. There are recommendations regarding health insurance premiums, overtime, longevity pay and paid time off (PTO) that will not be adopted at this time that will be discussed later as part of the 2013 budget process that could affect employee pay.

NOW THEREFORE, BE IT RESOLVED by the City Council of the City of Fond du Lac that Pay Plan Option 2 be adopted as the City's pay plan for all employees not covered under labor agreements beginning with the 2013 budget, and for all new employees hired by the City of Fond du Lac beginning with the effective date of this Resolution.

BE IT FURTHER RESOLVED, that the City Council hereby adopts the Classification and Compensation Appeal Process to be implemented following adoption of this resolution. A copy of which is attached hereto.

BE IT FURTHER RESOLVED, that adoption of this resolution does not authorize the reduction of current employee pay rates to the pay rates set forth in Pay Plan Option 2.

BE IT FURTHER RESOLVED, that the City Manager is hereby authorized and directed to take any and all actions in furtherance hereof.

ADOPTED:

MAY 23 2012



Richard D. Gudex, President
Fond du Lac City Council

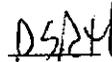
Attest:



Sue L. Strands, City Clerk

City Attorney:

Reviewed



**CITY OF FOND DU LAC
PAY PLAN OPTION 2**

OPTION 2

Grade	Spread	87.5%	90.0%	92.5%	95.0%	97.5%	100.0%	102.5%	105.0%	107.5%	110.0%	112.5%
		MIN	STEP 2	STEP 3	STEP 4	STEP 5	CONTROL	STEP 7	STEP 8	STEP 9	STEP 10	MAX
1	200-249	\$11.02	\$11.33	\$11.65	\$11.96	\$12.28	\$12.59	\$12.91	\$13.22	\$13.54	\$13.85	\$14.17
2	250-299	\$12.82	\$13.18	\$13.55	\$13.92	\$14.28	\$14.65	\$15.01	\$15.38	\$15.75	\$16.11	\$16.48
3	300-349	\$14.62	\$15.03	\$15.45	\$15.87	\$16.29	\$16.70	\$17.12	\$17.54	\$17.96	\$18.37	\$18.79
4	350-399	\$16.41	\$16.88	\$17.35	\$17.82	\$18.29	\$18.76	\$19.23	\$19.70	\$20.17	\$20.63	\$21.10
5	400-449	\$18.21	\$18.73	\$19.25	\$19.77	\$20.29	\$20.81	\$21.33	\$21.85	\$22.37	\$22.89	\$23.41
6	450-499	\$20.01	\$20.58	\$21.15	\$21.72	\$22.30	\$22.87	\$23.44	\$24.01	\$24.58	\$25.15	\$25.73
7	500-549	\$21.81	\$22.43	\$23.05	\$23.68	\$24.30	\$24.92	\$25.55	\$26.17	\$26.79	\$27.42	\$28.04
8	550-599	\$23.61	\$24.28	\$24.95	\$25.63	\$26.30	\$26.98	\$27.65	\$28.33	\$29.00	\$29.68	\$30.35
9	600-649	\$25.40	\$26.13	\$26.86	\$27.58	\$28.31	\$29.03	\$29.76	\$30.48	\$31.21	\$31.94	\$32.66
10	650-724	\$27.65	\$28.44	\$29.23	\$30.02	\$30.81	\$31.60	\$32.39	\$33.18	\$33.97	\$34.76	\$35.55
11	725-799	\$30.35	\$31.22	\$32.08	\$32.95	\$33.82	\$34.68	\$35.55	\$36.42	\$37.29	\$38.15	\$39.02
12	800-874	\$33.05	\$33.99	\$34.93	\$35.88	\$36.82	\$37.77	\$38.71	\$39.66	\$40.60	\$41.54	\$42.49
13	875-949	\$35.74	\$36.76	\$37.79	\$38.81	\$39.83	\$40.85	\$41.87	\$42.89	\$43.91	\$44.93	\$45.96
14	950-1024	\$38.44	\$39.54	\$40.64	\$41.74	\$42.83	\$43.93	\$45.03	\$46.13	\$47.23	\$48.33	\$49.42
15	1025-1099	\$41.14	\$42.31	\$43.49	\$44.66	\$45.84	\$47.01	\$48.19	\$49.37	\$50.54	\$51.72	\$52.89
16	1100-1174	\$43.83	\$45.09	\$46.34	\$47.59	\$48.84	\$50.10	\$51.35	\$52.60	\$53.85	\$55.11	\$56.36
17	1175-1249	\$46.53	\$47.86	\$49.19	\$50.52	\$51.85	\$53.18	\$54.51	\$55.84	\$57.17	\$58.50	\$59.83
18	1250-1324	\$49.23	\$50.64	\$52.04	\$53.45	\$54.86	\$56.26	\$57.67	\$59.07	\$60.48	\$61.89	\$63.29

**CITY OF FOND DU LAC
CLASSIFICATION AND COMPENSATION STUDY
APPEAL PROCESS**

Thank you for your participation in the recent Classification and Compensation Study conducted for the City of Fond du Lac. The following information outlines the process for employee appeals of position allocations resulting from the Classification and Compensation Study:

Basis for appeal

If an employee feels that the Consultant; 1) Committed an error in applying the Point Factor Job Evaluation System to his/her position, or 2) If the employee's job has changed significantly since the original Job Description Questionnaire (JDQ) response, or 3) If the employee left out critical information in their Job Description Questionnaire, then the employee may supply additional information and request a re-evaluation.

Grade review guidelines

Grade reviews must be focused on the JDQ. If an employee believes their job has been incorrectly graded, the employee must read through their JDQ and determine which areas they feel were evaluated incorrectly. Any comparisons with other positions must be based on documented evidence submitted by the appellant.

How to appeal

The appeal form must include a statement for the appeal limited to the three criteria previously explained above, which are; 1) The consultant committed an error in applying the Point Factor Job Evaluation System to his/her position, or 2) The employee's job has changed significantly since the original JDQ response, or 3) the employee left out critical information in their Job Description Questionnaire.

If the appeal involves a claim of additional responsibilities, forgotten critical information or significant changes to the position since the completion of the JDQ, the employee must attach a hard copy of their original JDQ, with any changes indicated on the JDQ itself. Changes can either be shown in handwriting, or if the employee uses the electronic form of the JDQ, changes should be made very clear using underlining or some other demarcation.

The Department Head will review the information provided by the employee, certify that it is factual and correct, sign the Department Head appeal review portion of the form (page 4 of this packet) and, at his/her discretion, provide additional comments. Department Heads will then submit the appeals to Human Resources. Human Resources will forward the appeal to the Consultant for review and a recommendation.

The Consultant will consider the substance and merits of each appeal and in doing so, may find it necessary to gather further information from the employee and/or supervisor. The Consultant will prepare a brief written response on each appeal indicating if he/she feels the appeal has been upheld, or if not, his/her reason for recommending denial of the appeal.

The final decision on all appeals will be the responsibility of the City of Fond du Lac City Manager.

Pay adjustments granted as a result of an appeal will be effective 1/1/2013.

Please contact Human Resources if you have any questions. Thank you.

**CITY OF FOND DU LACE
EMPLOYEE COMPENSATION AND CLASSIFICATION PLAN**

APPEAL FORM

Name: _____
Date: _____
Title: _____
Department: _____
Signature: _____

I believe my position was incorrectly graded because:

(If the basis of the appeal is additional responsibilities, forgotten critical information or significant changes to the position since the completion of the JDQ, please explain when the duties changed, the reason for the change, and from where the duties originated. If the duties came from another position, the employee must indicate from which position they were removed).

DEPARTMENT HEAD APPEAL REVIEW FORM

Department Head Review Section:

I certify that I have reviewed all factual information concerning this appeal.

Name

Position Title

Date

Comments: