



**2017-2019 BARGAINING AND COMPENSATION CONCEPT FORM**  
**CONFIDENTIAL**

*(See instructions on page 4 and 5 on how to complete this form.  
[Questions are hyperlinked to take you directly to the directions](#)).*

DATE:

CONCEPT #:

AGENCY:

AGENCY #:

DIVISION/PROGRAM/SECTION:

CONTACT PERSON:

PHONE #:

EMAIL:

IDENTIFY THE UNION(S) IMPACTED BY THIS CONCEPT:

AEE  AFSCME  AOCE  CIA  KFAFFA  PANG  ONA  OSPOA  SEIU  STEA

**SECTION A. PROPOSED BARGAINING CONCEPT**

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

Describe the problem.

What is the recommended resolution and how does it resolve the problem?

Will the recommended concept affect any contract articles, LOA's, state policies or statutes? If so, which ones?

What other state agencies could be impacted?

Do you know if this concept been previously proposed? Yes  No  If yes, what year(s)?

What happened?

Why are you recommending the concept again?

Does the recommended concept respond to changes in state law? Yes  No  Don't Know

Does the recommended concept respond to changes in federal law or regulations? Yes  No  Don't Know

If yes, identify the law/ regulations:

Does the recommended concept respond to an ERB or court decision? Yes  No  Don't Know

If yes, please identify the court decision/ERB decision citation:

Does the recommended concept respond to a grievance settlement or arbitration award? Yes  No

Identify the arbitration award/grievance settlement by date:

**(attach copy)**

**SECTION B. PROPOSED COMPENSATION CONCEPT**

**IDENTIFY THE UNION(S) IMPACTED BY THIS CONCEPT:**

AEE  AFSCME  AOCE  CIA  KFAFFA  PANG  ONA  OSPOA  SEIU  STEA

What is the Compensation Concept?

Which Compensation Plan(s) and/or Policies are affected?

What is the purpose of the proposed concept?

Are there any unique comparators that should be considered? Yes  No  If Yes, describe why?

Are there significant recruitment/retention problems with any classifications or PE/M positions?

Yes  No  If yes, please describe and identify the classes of work/positions:  
**(Attach Supporting Documentation)**

Will there be opposition to the recommended concept? Yes  No  If yes, who and why?

Is the recommended compensation concept tied to a Policy Option Package being for the 2017-2019 agency budget?

Yes  No  **If yes, complete the 'Fiscal Impact Estimate' on page 3.**

Please return this form to your agency Human Resources Office.

Concepts without Agency approval will not be considered.

AGENCY APPROVAL BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

HR Office please include: The concept's draft language and the Fiscal Impact form, as necessary) to:  
DAS CHRO Labor Relations Unit, 155 Cottage Street NE, Salem, OR 97301-3971 Email: [LRU@Oregon.gov](mailto:LRU@Oregon.gov)

**No later August 31, 2016.**

**Fiscal Impact Estimate**

(To Be Completed by Agency Head or Designee)

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

Date:

Concept #:

Agency Name:

Agency #:

Subject/Title:

Contact Person:

Phone No.:

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

Is a Policy Option Package being proposed in the 2017-2019 agency budget? Yes  No

If yes, please identify:

<u>Effect on Expenditures</u> (By Fund Type):	<u>2017-2019</u>	<u>2019-2021</u>
Personal Services	\$ _____	\$ _____
Services and Supplies	\$ _____	\$ _____
Capital Outlay	\$ _____	\$ _____
Special Payments	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____

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):

## **INSTRUCTIONS FOR COMPLETING BARGAINING/LABOR RELATIONS, AND COMPENSATION-RELATED CONCEPT FORM**

**GENERAL INSTRUCTIONS:** Each concept must be submitted separately. Do not leave any section blank, if it does not apply enter "none" or "not applicable". You may include additional information in the concept package. Send the concept form and all supporting material **to your agency's Personnel/Human Resources Office**.

**DATE** – The date you submit the concept to your agency Personnel/Human Resource Office.

**CONCEPT #** - This is 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 of concepts.

**AGENCY** – The agency name, division, program and/or section.

**CONTACT PERSON(S)/PHONE NUMBER** – Name and phone number of at least one person in the agency who understands the concept.

### **SECTION A : BARGAINING CONCEPT**

**GENERAL CONCEPT INFORMATION** – Answer each question as appropriate. Failure to complete this section will result in the concept being returned to you or the agency.

**WHAT IS THE PROBLEM** - Describe the problem and be as specific as possible. Explain the direct connection between the problem you have described and the impact on operations. Please offer clear, objective evidence in support of your concept, plus any arguments you think are relevant. Evidence is generally more persuasive than argument.

**WHAT IS THE RECOMMENDED RESOLUTION?** Explain the concept in as much detail as possible. Attach a copy of proposed policy or proposed contract language.

**CONTRACT ARTICLES/LOA'S/POLICY/STATUTORY IMPLICATIONS** - List any CBA article(s), LOA(s) policy(s) or statutes that the concept will affect. Identify the policy or statutory implications of the concept, how the concept changes or replaces a current provision; or requires a new contract or policy provision. What is the effect to existing programs? What existing resources can/will be used?

### **SECTION B: COMPENSATION CONCEPT**

**COMPENSATION CONCEPT** - Describe the concept you are proposing. Is it a differential for specialized working conditions or qualifications, change of salary range, introduction of a new classification or...?

**COMPENSATION PLAN(S) AND/OR POLICY AFFECTED** - Identify all compensation plans and policies that may be impacted including compensation policies for management or unrepresented.

**PURPOSE OF CONCEPT** - Describe the reason for the concept or the problem the concept is trying to resolve. Attach additional supporting documentation as needed. Evidence is generally more persuasive than argument.

**RECRUITMENT AND RETENTION** - Identify which classification you are experiencing significant problems recruiting, hiring and retaining qualified employees. Explain the problem and attach supporting documentation and/or evidence, such as detailed information about recent recruiting efforts, hires, separations, and number of candidates refusing employment due to "low" compensation. Complete a new concept form for each classification.

**Policy Option Package** - Complete the fiscal impact form for concepts requiring budgetary expenditures.

**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 concept 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 2017-2019 approved budgets, or other financial effect on other bargaining units or unrepresented, executive and management employees of state government.

Do not leave any section blank, if it does not apply enter "none" or "not applicable". 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 2017-2019 budget request.

**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 2017-2019 agency budget.**

**EFFECT ON EXPENDITURES** - Identify the effect for each state agency impacted. Estimate the fiscal impact for both the 2017-2019 and 2019-2021 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 2017-2019 and 2019-2021 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 2017-2019 and 2019-2021 biennia. If the concept reduces staff, or avoids or delays the addition of staff, include this information.

**DETAIL** - Describe how the concept affects existing organization(s). 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:**



Anna Sikel, Labor Relations Unit, Chief Human Resource Office  
155 Cottage Street NE  
Salem, OR 97301-3967  
Phone: (503) 378-2616  
Email: [LRU@Oregon.gov](mailto:LRU@Oregon.gov)