



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

OFFICE OF PERSONNEL MANAGEMENT  
**Administrator's Office**  
1509 West Seventh Street, Suite 201  
Post Office Box 3278  
Little Rock, Arkansas 72203-3278  
Phone: (501) 682-1823  
www.dfa.arkansas.gov

August 15, 2017

Senator John Cooper, Co-Chairperson  
Representative Les Eaves, Co-Chairperson  
Uniform Personnel Classification and  
Compensation Plan Subcommittee  
Arkansas Legislative Council  
State Capitol Building, Room 315  
Little Rock, Arkansas 72201

Dear Co-Chairs:

The Office of Personnel Management (OPM) submits a request from the Arkansas Department of Correction (ADC) for your review.

ADC is requesting one (1) position from the OPM surrender pool established by Ark. Code Ann. §21-5-225(a)(1). The classification requested along with the position being surrendered is listed below:

<u>POSITION SURRENDERED</u>	<u>TITLE</u>	<u>CLASS CODE</u>	<u>GRADE</u>
22084597	DHS Program Administrator	N097N	GS09

**CLASSIFICATION REQUESTED**

Sex Offender Community Notification Assessment Administrator	NEW	GS12
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**JUSTIFICATION**

The Sex Offender Community Notification Assessment Administrator (SOCNA Administrator) position is being requested by the ADC to ensure the position is correctly titled and is of a sufficient grade due to the responsibilities of the position. The position is responsible for administering the section that interviews sex offenders throughout the state, both in and out of the prison system. This position will assess the offenders, assign the sex offender levels, and testify in court as necessary. The SOCNA Administrator is the only position of its kind within the state of Arkansas. Approval of this request will align this position with its responsibilities, and provide a much needed structure within the section. The title will reflect the actual position responsibilities.

Senator John Cooper, Co-Chairperson  
Representative Les Eaves, Co-Chairperson  
August 15, 2017  
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The Attachment A provides cost information on the agency's request.

The Office of Personnel Management has reviewed this request and **recommends** the approval of one (1) position from the OPM surrender pool.

Your approval of this request is greatly appreciated.

Sincerely,



Kay Barnhill  
State Personnel Administrator



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Chief Fiscal Officer of the State

JUL 28 2017

Date

KB/ab: 1-2



## Arkansas Department of Correction

**HUMAN RESOURCES**  
2403 East Harding Ave.  
Pine Bluff, Arkansas 71601  
Phone: (870) 850-8510  
Fax: (870) 850-8538  
Job Line: 1-888-8ADC-JOBS  
[www.state.ar.us/doc](http://www.state.ar.us/doc)

July 21, 2017

Kay Barnhill, State Personnel Administrator  
Office of Personnel Management  
Department of Finance and Administration  
P. O. Box 3278  
Little Rock, AR 72203

Dear Ms. Barnhill:

The Arkansas Department of Corrections is requesting to surrender the DHS Program Administrator #22084597 for a pool position SOCNA (Sex Offender Community Notification Assessment) Administrator, GS12.

This request would ensure a sufficient title for this Administrator's position, and this grade would be in line with the other Administrator positions in our agency.

Your consideration is greatly appreciated. If you have any questions feel free to contact me at 870-850-8524.

Sincerely,

Stacia Lenderman  
ADC HR Administrator



DEPARTMENT OF FINANCE & ADMINISTRATION  
**Office of Personnel Management**  
**Request for Pool Position**

Business Area	Agency/Institution	Date
0480	ARKANSAS DEPARTMENT OF CORRECTION	07/27/17

**Position(s) to be Surrendered**

Position/Item Number	Classification Title	Pay Grade	Class Code
22084597	DHS PROGRAM ADMINISTRATOR	GS09	G099C

**Classification(s) Requested**

N/A	Classification Title	Pay Grade	Class Code
	SOCNA (SEX OFFENDER COMMUNITY NOTIFICATION ASSESSMENT AD	GS12	

I Hereby Certify / Understand That:

- A. The position requested is critical to the operation of this Agency/Institution and a detailed justification for this request is attached. (Justification should be detailed and not less than one typed page in length.)
- B. Sufficient funds are available to fund this position at the requested grade.
- C. This is a full time position that will not be used for any other purpose than that which is outlined in the attached narrative.
- D. The position to be surrendered is the highest grade position available and the loss of this position will not adversely affect the operation of this Agency/Institution.
- E. No current employee will be displaced by this action.

Agency Personnel Rep	Date
<i>Stacia Lenderman</i>	<i>7-27-17</i>

Agency Director	Date
<i>Wendy Kelley by Stacia Lenderman</i>	<i>7-27-17</i>

ATTACHMENT A 0480 ADC

<u>Position</u>	<u>Status</u>	<u>FY18 Title</u>	<u>FY18 Grade</u>	<u>Proposed Title</u>	<u>Prop. Grade</u>	<u>Current Salary</u>	<u>Est. Salary</u>	<u>Estimated Cost</u>	<u>GR/SCS Cost</u>	<u>Federal Cost</u>	<u>Cash/SR Cost</u>
22084597	VACANT	DHS Program Administrator	GS09	SOCNA (Sex Offender Community Notification Assessment Administrator) Administrator	GS12	\$50,222	\$69,776	\$19,554	\$19,554	\$0	\$0



CERTIFICATION OF FUNDING FOR PERSONNEL ACTIONS

Agencies must complete this form for personnel actions involving pool requests or director's discretion under the Uniform Classification & Compensation Act for either incumbents or new hires. By completing this form, your agency certifies that sufficient agency funds exist and are available during the current fiscal year, and are expected to be available on an ongoing basis, to cover the requested salary adjustment. Agencies requesting discretionary increases will not be eligible for additional Merit Adjustment Fund disbursements to cover the costs of such increases. For adjustments affecting more than one position, please attach a spreadsheet with the information below listed for each position. A signed copy of this form must be attached.

1. Type of Action Requested:	Surrender Pool Position		
2. Employee Name:	vacant		
3. Employee Personnel Number (if any):			
4. Job Title:	DHS Program Administrator		
5. Class Code:	G099C	6. Grade:	G509
7. Current Salary:	\$ 50,222.00		
8. Increase in Salary:	\$ 19,554.00		
9. Increase in Personal Services Match:	\$ 4,475.00		
10. Total Budgetary Impact (Boxes 8 & 9):	\$ 24,029.00		
11. Fund Center:	509		
12. Cost Center:	340720		
13. Funding Source:	General Revenue		
14. Current Budget for Appropriation:	354710724		
15. Certified Funding for Appropriation:	355296130		

Justification

This would ensure we have the correct title for the Administrator position, and this request would be in line with the grade and salaries of the Administrator's of our agency.

By signing this document, I certify that sufficient agency funds are available to support this request without impacting other programs or services. I also acknowledge that funding for this action will not be made available from the Merit Adjustment Fund.

Wendy Kelley by Stacia Lenderman  
Agency Director



7-27-17  
Date