

COB - BOSAIR FORM

09/09/2025 10:14 AM (MST)

Submitted by Autumn.OConnor@pima.gov (Autumn.OConnor@pima.gov)



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This form is used to submit agenda items for Board of Supervisors consideration, including contracts, awards, grants, amendments, and other official actions.

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number:

Award Type: Agenda Item

Requested Board Meeting Date: 09/16/2025

Agenda Item Report

All fields are required. Enter N/A if not applicable. For number fields, enter 0 if not applicable.

Record Number:

Title: Extend the Memorandum of Understanding (MOU) between American Federation of State, County and Municipal Employees (AFSCME) Arizona Local 449 and Pima County

Introduction / Background: The current MOU between AFSCME Local 449 and Pima County Expires on September 30, 2025.

Discussion: According to the MOU between AFSCME Local 449 and Pima County, the agreement is in effect until June 30, 2025, unless modified or terminated at the discretion of the Board of Supervisors. On June 4, 2025, Pima County Administrator identified the Appointment of AFSCME Meet and Confer Committee Members. On July 1, 2025, the Board of Supervisors agreed to extend the MOU through September 30, 2025. On September 9, 2025, a request was made by AFSCME for a 6-month extension of the current MOU through March 31, 2026.

Conclusion: The extension of the current MOU will enable the parties to engage in Meet and Confer discussions as established in Administrative Procedure 23-32, Meet and Confer process.

Recommendation: Staff recommends that the Board of Supervisors extend the MOU between AFSCME Local 449 and Pima County Through March 31, 2026.

Fiscal Impact: None

Support of Prosperity Initiative: N/A

Provide information that explains how this activity supports the selected Prosperity Initiative N/A

Board of Supervisor District:

- 1
- 2
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Department:

Human Resources

Name:

Autumn O'Connor

Telephone:

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Department Director Signature: _____

Date: _____

Deputy County Administrator Signature: _____

Date: _____

County Administrator Signature: _____

Date: _____