



RESOLUTION NO. _____

RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, in accordance with Section 501 of the El Dorado County Salary and Benefits Resolution #323-2001 applicable to unrepresented employees, and Section 202 of the El Dorado County Compensation Administration Resolution #227-84 applicable to represented employees, the Board of Supervisors shall, by Resolution, specify the number and classification of all authorized positions for each department in the County; and

WHEREAS, Resolution #156-2007 established the authorized Personnel Allocation based on the Fiscal Year 2007-2008 Final Budget and has been subsequently amended by action of the Board; and

WHEREAS, the Public Health Department has recommended reducing the number of positions within that department; and

WHEREAS, due to current fiscal conditions, the Board of Supervisors deems it necessary to amend the Personnel Allocation to reduce the number of positions to achieve greater savings;

NOW, THEREFORE, BE IT FURTHER RESOLVED AND ORDERED, the following allocation changes as shown below are hereby adopted effective 5:00 p.m. June 20, 2008:

Class No.	Class Title	Departmental Total Positions			
		Allocated	Filled	Proposed	Proposed Total Allocation
1305	Administrative Technician	3	2	-1	2
1509	Health Program Manager	3	3	-1	2
7811	Homemaker	.25	0	-.25	0
2521/ 2522	Medical Billing Assistant I/II	1	1*	-1	0
2501/ 2502	Medical Office Assistant I/II	10.80	10.80	-3	7.80
8311	Public Health Microbiologist	2	1	-1	1
8110	Public Health Nurse Practitioner/Physician's Assistant	3.5	3.5	-2.8	.70
2523	Senior Medical Billing Assistant	2	2*	-2	0
2503	Senior Medical Office Assistant	2	1**	-1	1
2104	Senior Office Assistant	4.80	4.80**	-1	3.80

* One Senior Medical Billing Assistant is currently being underfilled by a Medical Billing Assistant I/II.

** One Senior Medical Office Assistant is currently being underfilled by a Senior Office Assistant.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the _____ day of _____, 2008, by the following vote of said Board:

Attest:

Cindy Keck
Clerk of the Board of Supervisors

Ayes:

Noes:

Absent:

By: _____
Deputy Clerk Chairman, Board of Supervisors

I CERTIFY THAT:

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

DATE: _____

Attest: CINDY KECK, Clerk of the Board of Supervisors
of the County of El Dorado, State of California.

By: _____
Deputy Clerk