



**RESOLUTION NO.**  
**OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

**WHEREAS**, the Chief Administrative Office and Human Resources Department have determined the addition of a Human Resources Manager and Risk Manager are warranted within the Human Resources Department; and

**WHEREAS**, the Chief Administrative Office and Human Resources Department have determined the work to be performed by the Human Resources Manager does not closely correspond with any current County classifications; and

**WHEREAS**, the Chief Administrative Office and Human Resources Department recommend the creation of a Human Resources Manager classification; and recommend modifications to the existing Risk Manager job specification; and

**WHEREAS**, it is necessary for the Board of Supervisors to approve the job specifications for new job classifications, adopt salary ranges and approve the designated bargaining units; and to approve significant modifications to existing job specifications; and

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

**NOW, THEREFORE, BE IT RESOLVED**, that the Board of Supervisors of the County of El Dorado approve and adopt the salary range for the Human Resources Manager listed below and approve modifications to the Risk Manager job specification:

<b>Class Number</b>	<b>Class Title</b>	<b>Step 1</b>	<b>Step 2</b>	<b>Step 3</b>	<b>Step 4</b>	<b>Step 5</b>	<b>Bargaining Unit</b>
0252	Human Resources Manager	\$41.44 \$7,183	\$43.51 \$7,542	\$45.69 \$7,920	\$47.97 \$8,315	\$50.37 \$8,731	UM

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 \_\_\_\_\_, 2011, by the following vote of said Board:

Attest:  
Suzanne Allen de Sanchez  
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.

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Clerk