



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

WHEREAS, in order to provide improved service to departments of the County, County Counsel recommends that a restructuring of job classifications is necessary; and

WHEREAS, County Counsel and Human Resources recommend approval of the newly created or modified job specifications for Associate County Counsel (new), Deputy County Counsel (modified from Deputy County Counsel IV), Sr. Deputy County Counsel (new), and Principal Assistant County Counsel (modified), salary schedules, and assigning of bargaining units to County Counsel (CC); and

WHEREAS, it is necessary for the Board of Supervisors to approve the job specification for new classifications and to adopt the salary ranges and designate the bargaining units; and

WHEREAS, in accordance with Section 203 of the El Dorado County Compensation Administration Resolution #227-84 applicable to unrepresented employees, and Section 601 of the Salary and Benefits Resolution #323-2001, as amended, 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 approves and adopts the classifications, bargaining units and salary ranges as listed below:

Class Number	Class Title	Step 1	Step 2	Step 3	Step 4	Step 5	Bargaining Unit
5100	Associate County Counsel	\$39.33 \$6,817	\$41.30 \$7,159	\$43.37 \$7,517	\$45.54 \$7,894	\$47.82 \$8,289	CC
5104	Deputy County Counsel	\$46.46 \$8,053	\$48.78 \$8,455	\$51.22 \$8,878	\$53.78 \$9,322	\$56.47 \$9,788	CC
5106	Sr. Deputy County Counsel	\$53.90 \$9,343	\$56.60 \$9,811	\$59.43 \$10,301	\$62.40 \$10,816	\$65.52 \$11,357	CC
5105	Principal Assistant County Counsel	\$55.24 \$9,575	\$58.00 \$10,053	\$60.90 \$10,556	\$63.95 \$11,085	\$67.15 \$11,639	CC

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 _____, 20__, by the following vote of said Board:

Attest: Terri Daly Acting Clerk of the Board of Supervisors	Ayes: Noes: Absent:
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By: _____
Deputy Clerk
Chair, Board of Supervisors

I CERTIFY THAT:
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: Terri Daly, Acting Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: _____ Date: _____
Deputy Clerk