



RESOLUTION NO. _____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO
AMENDING THE SALARY & BENEFITS RESOLUTION FOR UNREPRESENTED
EMPLOYEES, SECTION 503 AND 1009, OF EL DORADO COUNTY**

WHEREAS, the Board of Supervisors has previously established an amended Salary and Benefits Resolution for Unrepresented Employees; and

WHEREAS, Section 503 currently provides for the over-filling of positions in particular circumstances; and

WHEREAS, recent events have indicated it is desirable to establish a date certain of separation in writing at the time the over-fill is approved; and

WHEREAS, the Board of Supervisors has previously provided for the lump sum payment of unused sick leave to retiring employees; and

WHEREAS, some retiring employees may benefit from being permitted to apply the value of unused sick leave to the payment of post-retirement health plan premiums; and

WHEREAS, this amendment does not alter the value of the disbursement to the retiring employee and therefore, creates no additional cost for the County of El Dorado.

BE IT RESOLVED AND ORDERED that the El Dorado County Board of Supervisors of El Dorado County approve the changes specified below and incorporate such changes into the Salary and Benefits Resolution, No. 323-2001, as amended, to become effective upon adoption by the Board.

503. OVERFILL POSITION

A position that:

- A) Is vacated or to be vacated through retirement or other separation of an employee with a date certain for departure set forth in writing; or
- B) Is occupied by an employee who is receiving compensation pursuant to Section 4850 of the California Labor Code; or
- C) Is occupied by a person on an extended leave of absence, with the approval of the Chief Administrative Officer and the Director of Human Resources. In such cases the position may be filled by another employee as an overfill position for the period of time prior to the date of separation, or for the duration of the unused leave or overtime which is paid to the employee upon separation, or for the period of the leave of absence of the employee.
- D) In the event that the department is over its Net County Cost target, any overfill must be approved by the Board of Supervisors.

1009. PAYMENT FOR UNUSED SICK LEAVE

In order to receive payment for unused sick leave at the time of retirement, lay-off or voluntary separation, an Unrepresented Management (except appointed department heads who retire prior to completion of five years of service) or Confidential employee must have five or more years of County service.

A) **Management Employees** – Unrepresented Management employees shall be entitled to receive a payoff of their unused sick leave up to a maximum of 504 hours. Payment shall be made at the employee's last hourly rate of pay.

B) **Confidential Employees** – Confidential Employees shall be entitled to receive a payoff of their unused sick leave as follows:

- (1) Employees with OVER 5 YEARS of Service shall receive 20% of their unused sick leave paid.
- (2) Employees with OVER 10 YEARS of Service shall receive 40% of their unused sick leave paid.
- (3) Employees with OVER 15 YEARS of Service shall receive 70% of their unused sick leave paid.
- (4) Employees with OVER 20 YEARS of Service shall receive 100% of their unused sick leave paid.

The maximum number of hours paid shall not exceed 500. The employee's last hourly rate of pay shall be used in computing the payment.

C) **Retirees Conversion of Sick Leave to Health Insurance Premium** – An employee who is retiring under the PERS system may, at his/her option, in lieu of Sections A and B above, receive the equivalent value of that benefit in paid health plan premiums. Employees shall be responsible for whatever taxes as are appropriate for this benefit.

D) **Death** – In the event an employee dies while in active service with the County, their sick leave pay-off will be made in accordance with these provisions of Section 1009.

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 _____, 2006, 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