



RESOLUTION NO. _____

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO
AMENDING THE SALARY SCHEDULE OF EL DORADO COUNTY**

WHEREAS, the Board of Supervisors in adopting the budget for FY 2007/2008 has approved positions in new classifications; and

WHEREAS, it is necessary for the Board of Supervisors to approve the job specification revision, and to adopt the salary range and designate the bargaining unit for this class; and

WHEREAS, the County has advised the bargaining representatives of the proposed revised class specification; and

WHEREAS, this position has previously existed in County service and was deleted from the Public Health Department's allocation in FY 2006/2007; and

WHEREAS, this position has been added to the Public Health Department's allocation for FY 2007/2008; and

WHEREAS, the salary range, as set forth below, was previously approved by the Board of Supervisors.

BE IT RESOLVED AND ORDERED that the Board of Supervisors of El Dorado County adopt the class specification for the revised classification, and implement the designated bargaining unit as listed below and that this resolution shall, in accordance with Section 203 of the El Dorado County Compensation Administration Resolution #227-84 for represented employees, and Section 601 of the Salary and Benefits Resolution #323-2001, as amended, for unrepresented employees, establish the salary range for the classification;

NOW, THEREFORE, BE IT FURTHER RESOLVED AND ORDERED that the El Dorado County Board of Supervisors amends the El Dorado County Salary Schedule as follows:

Class#	Class Title	BU	Salary Range
8509	Epidemiologist	PL	\$26.54 to \$32.26 \$4,600 to \$5,591

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 _____, 2007, 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