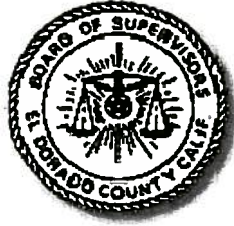


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RESOLUTION NO. _____

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

ADOPTING A POLICY REGARDING THE VOLUNTARY WAIVER OF SALARY FOR MEMBERS OF THE BOARD OF SUPERVISORS

WHEREAS, the Board of Supervisors wishes to establish a policy whereby members of the Board of Supervisors could individually submit irrevocable elections to decline any portion of base salary should they voluntarily choose to do so;

NOW, THEREFORE, BE IT RESOLVED, as follows:

1. At any time, a member of the Board of Supervisors may elect, by providing written notice to the County Auditor, to adjust that member's individual salary to levels below those otherwise established. The written election shall specify the percentage by which the base salary is to be reduced. The written election shall also specify the time period for which it shall be effective. The time period shall commence no sooner than the next full pay period after the date of the written election. The written election shall become effective on the date specified in the written election and shall be binding upon the Board member and the County until the expiration date stated in the written election. Unless a new election is made prior to the date of expiration, compensation paid to the Board member after the expiration date shall be paid in accordance with all other ordinances then in effect governing Board member compensation without regard to the prior election. The election shall be irrevocable during its term and is unconditional.

2. The County Auditor is authorized and directed to honor signed and completed waiver forms for members of the Board of Supervisors for payroll processing and nothing herein shall be deemed a reduction in salary or service for purposes of the calculation of any retirement benefits or other job-related benefits.

Resolution No. _____

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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 _____, 200__, 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.

DATE: _____

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

By _____
Deputy Clerk