RESOLUTION NO. 20-

RESOLUTION OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS AMENDING THE POSITION ALLOCATION TABLE PROVIDING THE NUMBER AND COMPENSATION OF OFFICERS, DEPUTIES AND EMPLOYEES IN THE VARIOUS OFFICES OF THE COUNTY OF MENDOCINO

WHEREAS, the Board of Supervisors has adopted Resolution No. 20-079 which sets forth the classifications, salaries, and number of personnel in the various County departments; and

WHEREAS, it is the wish and desire of the Board of Supervisors to amend this resolution to meet the needs of County service; and

WHEREAS, the Civil Service Commission approved the new classifications of Emergency Medical Services Specialist and Emergency Medical Services Administrator at its October 16, 2019 Civil Service Meeting; and

WHEREAS, the affected departments or agencies have agreed to incorporate the positions within their existing fiscal year budgets.

NOW, THEREFORE, BE IT RESOLVED that the Mendocino County Board of Supervisors hereby authorizes the Position Allocation Table of said Resolution to be amended as follows:

	CLASSIFICATION	SALARY I	BARGAINING	BIWEEKLY RATE		
<u>ACTION</u>	TITLE	NO.	UNIT	(Reflects Full-time)		
Adopt New Classification and Salary Assignment and Add Positions to HHSA Budget 4010						
1.0 FTE	Emergency Medical	3075	SEIU	\$2,460.00 - \$2,990.40		
	Services Specialist					
1.0 FTE	Emergency Medical	4423	Management	\$3,538.40 - \$4,300.80		
	Services Administrator					
Adopt Salary Grade Revision to Existing Classification and Add Position to Budget Unit 4010						
From	Emergency Medical	1969	SEIU	\$1,623.20 -\$1,972.00		
	Services Coordinator					
То	Emergency Medical	3520	SEIU	\$2,733.60- \$3,322.40		
	Services Coordinator					

Delete from Budget Unit 4016 Position No. 3877

1.0 FTE Program Administrator

The effective date of this Resolution shall be August 23, 2020 to coincide with the beginning of Pay Period 19-20.

The foregoing Resolution introduced by Supervisor , seconded by Supervisor , and carried this 18th day of August 2020, by the following vote:

AYES: NOES: ABSENT:

ATTEST:	CARMEL J. ANGELO Clerk of the Board			
		1HOL	N HASCHAK, Chair	
		Meno	locino County Board of Supervisors	
Deputy		I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.		
APPROVED	AS TO FORM:			
CHRISTIAN M. CURTIS, County Counsel		BY:	CARMEL J. ANGELO Clerk of the Board	
		Dep	outy	