

Create New Classification:

<u>Classification Title:</u> Supervising Dietitian							Class Code	WG *	EEO Cat*	W/C*	B U	FLSA Code*
<u>Hourly, Bi-Weekly and Monthly Pay Rates</u>												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$29.722	\$31.353	\$33.072	\$34.886	\$36.800	\$38.640	\$40.572	50Y31	8	P	9043	F	E
\$2,377.78	\$2,508.20	\$2,645.78	\$2,790.91	\$2,944.00	\$3,091.20	\$3,245.76						
\$5,152	\$5,434	\$5,733	\$6,047	\$6,379	\$6,698	\$7,032						

*provided for information purposes only

Reassign Bargaining Unit Only (changes in *italics* below):

<u>Classification Title:</u> Dietitian							Class Code	WG *	EEO Cat*	W/C*	B U	FLSA Code*
<u>Hourly, Bi-Weekly and Monthly Pay Rates</u>												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$26.256	\$27.696	\$29.215	\$30.818	\$32.508	\$34.133	\$35.840	50Y31	8	P	9043	H	E
\$2,100.45	\$2,215.67	\$2,337.20	\$2,465.40	\$2,600.64	\$2,730.67	\$2,867.20						
\$4,551	\$4,801	\$5,064	\$5,342	\$5,635	\$5,916	\$6,212						

- b. Amend the Natividad Medical Center (Unit 9600) FY 2015-16 Adopted Budget to Approve Reallocation/Reclassification as Indicated by Position Numbers in the Attached Resolution, effective the pay period beginning September 5, 2015;

**Natividad Medical Center 9600 (Sub-unit 8344) – Dietary Services
Reallocate Position and Reclassify Incumbent**

From/To		Position Title	Position Number	Position Increase/(Decrease)	Revised Total FTE
From	50Y21	Dietitian	0002	(0.9)	4.9
To	50Y31	Supervising Dietitian	0001	1.0	1.0

- c. Authorize the Auditor-Controller to Incorporate the Approved Changes in the Natividad Medical Center (Unit 9600) FY 2015-16 Adopted Budget;
- d. Direct the County Administrative Office to Incorporate the New Classification and Approved Position Changes in the Natividad Medical Center (Unit 9600) FY 2015-16 Adopted Budget; and
- e. Direct the Human Resources Department to Implement the Changes in the Advantage HRM System.

PASSED AND ADOPTED on this _____ day of _____, 2015, by the following vote, to-wit:

AYES:

NOES:

ABSENT:

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book____ for the meeting on _____.

Dated:

Gail T. Borkowski, Clerk of the Board of Supervisors
County of Monterey, State of California

By _____
, Deputy