

Resolution No.

HRM Control No. 16-016

- Adopting a Resolution to:)
 a. Amend Personnel Policies and Practices Resolution No. 98-394 and associated)
 Appendices to amend the salary range of the classification of Assistant Director)
 of Information Technology, as indicated;)
 b. Authorize the Auditor-Controller and the County Administrative Office to)
 incorporate these changes in the FY 2016-17 Budget; and)
 c. Authorize the Human Resources Department to implement the changes in the)
 Advantage HRM system.)

WHEREAS, the organizational needs and structure of the Information Technology Department have changed necessitating a wage study for the Assistant Director of Information Technology classification;

WHEREAS, the findings and recommendation of the wage study led to this request to amend the salary range for the Assistant Director of Information Technology classification; and

NOW, THEREFORE, BE IT RESOLVED THAT, the Board of Supervisors does hereby:

- a. Amend Personnel Policies and Practices Resolution No. 98-394 and associated Appendices to amend the salary range of the classification of Assistant Director of Information Technology, as indicated below;

Classification Title: Assistant Director of Information Technology							Class Code	EEO Cat*	W/C*	BU	FLSA OT*	MoCo OT*
Hourly, Bi-Weekly, and Monthly Pay Rates												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7						
\$58.397	\$61.600	\$64.979	\$68.543	\$72.303	\$75.918	\$79.714	16C92	OA	8810	Y	E	E
\$4,671.75	\$4,928.00	\$5,198.32	\$5,483.46	\$5,784.24	\$6,073.45	\$6,377.12						
\$10,122	\$10,677	\$11,263	\$11,881	\$12,533	\$13,159	\$13,817						

- b. Authorize the Auditor-Controller and the County Administrative Office to incorporate these changes in the FY 2016-17 Budget; and
 c. Authorize the Human Resources Department to implement the changes in the Advantage HRM system.

PASSED AND ADOPTED upon motion of Supervisor _____, seconded by

Supervisor _____ and carried this ____ day of _____, ____ 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 Minute Book ____ for the meeting on _____.

Dated: Gail T. Borkowski, Clerk of the Board of Supervisors
File Number: County of Monterey, State of California

By: _____
Deputy