

**Before the Board of Supervisors in and for the
County of Monterey, State of California**

Resolution No.: PPPR Control No. 23-020)
HRM Control No. 23-016)

- Adopt a Resolution to:)
 a) Amend Personnel Policies and Practices Resolution No. 98-394 Appendix A to)
 adjust the salary range of the Patient Transporter classification as indicated)
 below; and)
 b) Direct the Human Resources Department to implement the changes in the)
 Advantage Human Resources Management System.)

WHEREAS, Natividad administration staff requested a base wage compensation study of the Patient Transporter classification; and

WHEREAS, Natividad conducted a base wage compensation study of the Patient Transporter classification which determined Patient Transporter is approximately 5.12% below the mean of the County’s comparable agencies and it is recommended to adjust the base wage salary of Patient Transporter by the approximate percentage identified at top step; and

WHEREAS, to implement the recommendations, the actions require the Personnel Policies and Practices Resolution No. 98- 394 Appendix A to be amended; NOW, THEREFORE,

BE IT RESOLVED by the Board of Supervisors in and for the County of Monterey as follows:

- Personnel Policies and Practices Resolution (PPPR) No. 98-394 Appendix A is amended to adjust the salary range of the Patient Transporter classification as indicated below:

Classification Title: Patient Transporter												
Hourly, Bi-Weekly and Monthly Pay Rates												
Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Class Code	WG	EEO	W/C*	BU	FLSA Code*
\$20.104	\$21.210	\$22.377	\$23.607	\$24.906	\$26.151	\$27.458	70M02	20	SM	9043	H	Non-exempt
\$1,608.35	\$1,696.81	\$1,790.13	\$1,888.58	\$1,992.45	\$2,092.07	\$2,196.67						
\$3,485	\$3,676	\$3,879	\$4,092	\$4,317	\$4,533	\$4,759						

*provided for information purposes only

- The Human Resources Department is directed to implement the changes in the Advantage Human Resources Management System.

PASSED AND ADOPTED on this ____ day of _____, 2023, by the following vote, to-wit:

AYES:
NOES:
ABSENT:

I, Valerie Ralph, 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:

Valerie Ralph, Clerk of the Board of Supervisors,
County of Monterey, State of California

By _____
, Deputy