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|---|------------|------------|------------|------------|------------|------------|------------|------|----------|------|----|------------|
| Classification Title: Supervising Certified Phlebotomy Technician | | | | | | | | | | | | |
| Hourly, Bi-Weekly and Monthly Pay Rates | | | | | | | Class Code | WG * | EEO Cat* | W/C* | BU | FLSA Code* |
| Step 1 | Step 2 | Step 3 | Step 4 | Step 5 | Step 6 | Step 7 | | | | | | |
| \$31.667 | \$33.409 | \$35.246 | \$37.184 | \$39.230 | \$41.191 | \$43.251 | | | | | | |
| \$2,533.37 | \$2,672.69 | \$2,819.69 | \$2,974.76 | \$3,138.36 | \$3,295.28 | \$3,460.04 | | | | | | |
| \$5,489 | \$5,791 | \$6,109 | \$6,445 | \$6,800 | \$7,140 | \$7,497 | 50D14 | 13 | PP | 9043 | F | Non-Exempt |

*provided for information purposes only

- The FY 2024-25 Natividad Medical Center Adopted Budget (Fund 451-Dept. 9600-Unit 8341-Appropriation Unit NMC001 & Fund 451-Dept. 9600-Unit 8334-Appropriation Unit NMC001) is amended to reallocate one (1) position from Physical Therapist Assistant to one (1) Supervising Certified Phlebotomy Technician position as indicated below effective November 16, 2024:

From:

Physical Therapy Department

Budget Unit 9600-8341 – Fund 451 – Appropriation Unit NMC001

| Class Code | Position Title | Position Number | Position Increase/ (Decrease) | Revised Total FTE by Title |
|------------|------------------------------|-----------------|-------------------------------|----------------------------|
| 50U17 | Physical Therapist Assistant | 0001 | (1.0) | 5.0 |

To:

Laboratory-Clinical Department

Budget Unit 9600-8334 – Fund 451 – Appropriation Unit NMC001

| Class Code | Position Title | Position Number | Position Increase/ (Decrease) | Revised Total FTE by Title |
|------------|---|-----------------|-------------------------------|----------------------------|
| 50D14 | Supervising Certified Phlebotomy Technician | 0001 | 1.0 | 1.0 |

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

PASSED AND ADOPTED on this ____ day of _____, 2024, 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 _____.

