

RESOLUTION OF THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA BARBARA, STATE OF CALIFORNIA

IN THE MATTER OF AUTHORIZING
A WAGE INCREASE FOR
MANAGEMENT EMPLOYEES WITH
SALARIES BELOW MARKET

Resolution No. _____

WHEREAS, the Board of Supervisors of the County of Santa Barbara had adopted the amended classification and compensation plan for unrepresented management and executive employees, which redefines the comparison market agencies, and;

WHEREAS, the County has identified eighteen (18) employees in management classifications who have been identified as being significantly below the mid-market average for their job classifications;

NOW, THEREFORE, IT IS HEREBY RESOLVED, AS FOLLOWS:

1. That the Board of Supervisors of the County of Santa Barbara set the salaries for the following employees to bring their pay to 90% of the market average of their job classification, effective December 19, 2016 as follows:

Employee ID	Job Class	Department	New Pay Rate
5817	Assistant Department Leader - Executive	Social Services	\$61.622
1535	Assistant Department Leader- Probation	Probation	\$59.305
16716	Enterprise Leader	Behavioral Wellness	\$61.610
2629	Enterprise Leader	CEO	\$47.662
1673	Enterprise Leader	Clerk-Recorder-Assessor	\$48.181
14544	Enterprise Leader	Community Services/HCD	\$46.524
7546	Enterprise Leader	First Five	\$48.181
801	Enterprise Leader	First Five	\$48.181
4945	Enterprise Leader	Human Resources	\$52.684
6801	Program Business Leader	Ag Commissioner	\$43.373
2980	Program Business Leader	Ag Commissioner	\$43.373
5243	Program Business Leader	Child Support	\$43.373
3023	Program Business Leader	Community Services/Parks	\$43.373
3258	Program Business Leader	Community Services/Parks	\$43.711
8870	Program Business Leader	Human Resources	\$47.346
6855	Program Business Leader	SBCERS	\$43.373
9829	Team Project Leader	General Services	\$46.321
7994	Team Project Leader	Public Works	\$44.000

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Barbara this _____ day of _____ 2016 by the following vote:

AYES:

NOES:

ABSTAIN:

ACCEPTED AND AGREED:
COUNTY OF SANTA BARBARA

By: _____
PETER ADAM
Chair, Board of Supervisors

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy

APPROVED AS TO FORM:
MICHAEL C. GHIZZONI
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING
FORM:
THEODORE A FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

By: _____
Deputy