***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **February 4, 2025** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Hayley Hudson/County Administration** | **Phone:** | **530.842.8005** |
| **Address:** | **1312 Fairlane Road, Suite 1, Yreka, CA 96097** |
| **Person Appearing/Title:** | **Hayley Hudson/Deputy County Administrator**  |
| **Subject/Summary of Issue:** |
| It is recommended to:1) Replace Appendix “B” Salary Schedule for Resolution P24-139 a comprehensive memorandum of understanding with the Deputy Sheriffs’ Association.2) Repeal Resolution P24-140 amending the Siskiyou County Salary Schedule.3) Adopt a replacement Resolution amending the Siskiyou County Salary Schedule for the corresponding positions in County service.  |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |   |  |  |  |  |
| Fund:  |  |  | Description: |       | Org.: |  | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | Departments will be responsible for salary increases in their respective budgets. |
| **Recommended Motion:** |
| It is recommended the Board; 1) Replace Appendix “B” Salary Schedule for Resolution P24-139 2) Repeal Resolution P24-140. 3) Adopt a Resolution amending the Siskiyou County Salary Schedule for the corresponding positions in County service. |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| CAO |       |  |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021