AGENDA

JEFFERSON COUNTY BOARD OF COMMISSIONER'S SPECIAL MEETING AUGUST 18, 2021 COMMISSION MEETING ROOM 66 SE "D" STREET, MADRAS 8:15 A.M.

CONFERENCE CALL LINE: (301) 715-8592 MEETING ID: 832 0740 6183

https://us06web.zoom.us/j/83207406183?pwd=dWVsUUJYbTl4Uk9ZNWIXZ2NSWVZxUT09

This meeting has the option of attending via teleconference. The meeting is open for onsite attendees. The teleconference allows for listening to the meeting, but will be muted for incoming participation, except during "citizen comments".

Pursuant to ORS 192.640, this agenda includes a list of the principal subjects anticipated to be considered at the above referenced meeting; however, the agenda does not limit the ability of the County Commission to consider additional subjects. Meetings are subject to cancellation without notice. Other than hearings, which are publicly noticed, the time schedule is approximate and may vary for individual agenda items. The Board reserves the right to place a time limit on public testimony on any agenda item. The meeting place is handicapped accessible. Those needing assistance should contact the Commission office two (2) days in advance of the meeting by calling (541) 475-2449.

- 1. <u>Administrative Session (8:15 a.m.)</u> (The items discussed during Administrative Session are intended to have staff present updates/reports or routine items to the Board. The fourth Wednesday of the month is an Elected Official/Department Director Meeting)
 - 1.1. Move Oregon's Border Greater Idaho Semi-Annual Meeting.
- 2. <u>Call to Order/Pledge of Allegiance/Invocation</u>

3. <u>Action Items</u>

- 3.1. Salary Order for Margaret D'Amico, Deputy District Attorney I, Grade 26, Step 13, requested by Steve Leriche signed by Commission.
- 4. <u>Adjourn</u>



BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR THE COUNTY OF JEFFERSON

IN THE MATTER OF SETTING THE **COMPENSATION OF AN EMPLOYEE** SALARY ORDER NO. }

WHEREAS, a Department Director/Elected Official has informed the Board of Commissioners of the need to employ an individual and set the compensation of said employee within that Department, and

WHEREAS, pursuant to ORS 204.116, the Board of Commissioners sets salaries and authorizes the employment of personnel.

NOW, THEREFORE, IT IS HEREBY ORDERED THAT, the following person be employed by Jefferson County, and the Board of Commissioners incorporate with this Order the particular details relevant to the employment of this person as set forth below:

Employee Name: Margaret D'Amico	Offer Date	e: 8/2/2021	Start Date: 9/1/2021
Position: Deputy District Attorney I Department:	District Attorney		Grade: 26 Step: 13
Wages: Per Hour: <u>\$39.28</u> Per Month: <u>\$6,83</u>	4.72 Ann	ual: \$82,011.29	FTE/Part Time: FTE
Leave Benefits (hours per month): Vacation: <u>8</u> Probation Period: <u>12 months</u> Benefit Group: <u>NonRe</u>			oating Holiday Hours: <u>N/A</u> idency Required: <u>No</u>
Other Benefits not stated above: Employee pays 6% into PERS: A \$3,000 taxed fringe recruitment bonus (paid 50% after 1st week, 50% after 3rd full		o \$1500 taxed fringe benefit f	(Yes or No) or moving into Jefferson County;

This position Vis or is not exempt from overtime and/or compensatory time-off. A management or supervisory position that is exempt from overtime may be required to work more hours than specified as a condition of employment and will not be compensated for those extra hours worked.

Margaret L.

1 m cc, accept the above tentative job offer and terms and conditions of employment. I understand this offer of employment constitutes the entire employment offer made by Jefferson County and that this job offer is not final until the Board of Commissioners approves this Order. In accepting the offer of employment, I certify my understanding that employment will be on an at-will basis.

Employee Signature

Date

BOARD OF COMMISSIONERS

APPROVED, ADOPTED AND ORDERED this _____ day of _____, ____,

ATTEST

Department Director/Elected Official

Commission Chair

Finance Director

Commissioner

County Administrative Officer

Commissioner

	OFFICE USE ONLY
PERS Enrollment Dates: Qualifying Start _	GL Budget Line Item:
Anniversary Date (determines vacation benefit):	
Position covered by Union: ves D no D. If yes, na	me Union:
Authorized Union deduction: yes D no	Health Insurance: yes D no D.
If yes, name of Carrier Effect	ve date of health care coverage: