

**BEFORE THE BOARD OF THE COUNTY COMMISSIONERS
FOR THE COUNTY OF JEFFERSON**

**IN THE MATTER OF SETTING THE
COMPENSATION OF AN EMPLOYEE**

}
}

SALARY ORDER NO. _____

WHEREAS, a department Director 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: _____ Offer Date: _____ Start Date: _____

Position: _____ Department: _____ Grade: _____ Step: _____

Wages: Per Hour: _____ Per Month: _____ Annual: _____ Hours per Week: _____

Leave Benefits (hours per month): Vacation: _____ Sick: _____ Admin: _____ Wage Matrix: (A/B) _____

Probation Period: _____ Benefits Group: _____ Residency Required: (Yes/No) _____

Other Benefits or conditions not stated above:

This position **IS** or **IS NOT** exempt from overtime and/or compensatory time-off (**pick one**). A management or supervisory position is exempt from overtime and may be required to work more hours than specified as a condition of employment and will not be compensated for those extra hours.

I, _____, accept the above tentative job offer terms and conditions of employment. I understand that 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: _____

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

ATTEST:

BOARD OF COMMISSIONERS

Department Director: _____ Commissioner, Chair: _____

Finance Director: _____ Commissioner: _____

County Administrative Officer: _____ Commissioner: _____

PERS ENROLLMENT DATES: QUALIFYING _____ **START** _____

GL BUDGET LINE ITEM: _ _ _ - _ _ _ - 510 - _ _ _ **ANNIVERSARY DATE:** _____