

MONROE COUNTY BOARD OF COMMISSIONERS' AGENDA JULY 7, 2021 10:00 am VIA ZOOM

You can choose to turn off your video feed, and in fact, doing so does help with people who are connecting via slow ISP connections. To do so, right click on your video feed and left click on, I believe, Start/Stop video.

In addition, if you want your audio feed to default to muted, press ALT+ A ad it will mute you, you can then push to the space bar to talk. You can also go to the link on the website: https://www.co.monroe.in.us/eqov/apps/document/center.egov?view=item;id=10017
And click on the link information

https://monroecounty-in.zoom.us/j/84353337265?pwd=MWZ4dU9qWGVIMUUwV3RoeDFldG5GUT09

Meeting ID: 843 5333 7265 Password: 162537

Dial by your location: 1 312 626 6799 US (Chicago)

"Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of Monroe County, should contact the Monroe County Title VI Coordinator, Angie Purdie, (812) 349-2550, apurdie@co.monroe.in.us, as soon as possible, but no later than forty-eight (48) hours before the scheduled event. Individuals requiring special language services should, if possible, contact the Monroe County Title VI Coordinator at last seventy-two (72) hours prior to the date on which the services will be needed. The meeting is open to the public."

- 1. CALL TO ORDER BY COMMISSIONER THOMAS
- 2. COMMISSIONERS' PUBLIC STATEMENT READ BY COMMISSIONER THOMAS
- 3. DEPARTMENT UPDATES

Health – Penny Caudill Emergency Management – Allison Moore Highway – Lisa Ridge Health Net – Nancy Richman

- 4. PUBLIC COMMENT FOR ITEMS NOT ON THE AGENDA, LIMITED TO 3 MINUTES
- 5. MINUTES

None.

6. APPROVAL OF CLAIMS DOCKET

Accounts Payable – July 7, 2021

7. NEW BUSINESS

A. MOVE TO APPROVE: Ordinance 2021-27 to amend plan commission ordinance 2008-23

Fund Name: N/A Fund Number: N/A

Amount: N/A

PRESENTER: David Schilling, Legal

Executive Summary: This ordinance will correct a scrivener's error made in connection with the 2008 amendment of the Joe Greene PUD. When the Joe Greene PUD was originally approved in 2006, the Commissioners rejected a Planning Department condition requiring the dedication of a 100 foot right-of-way. When an amendment to the Joe Greene PUD was sought in 2008, the Planning Department inadvertently reinserted the dedication condition into the petition materials, which were approved. This scrivener's error was discovered late last year.

B. MOVE TO APPROVE: Ordinance 2021-28 to add Monroe County Code Chapter 206: Official Monroe County Website and Internet Publication of Notices

8

12

Fund Name: N/A Fund Number: N/A Amount: N/A

PRESENTER: David Schilling, Legal

Executive Summary: An Ordinance to establish Chapter 206 of Monroe County Code which will authorize and regulate the practice of internet publication of notices.

C. MOVE TO APPROVE: Presentation of County Form 144's

Fund Name: N/A Fund Number: N/A

Amount: N/A

PRESENTER: Brianne Gregory, Auditor

Executive Summary: County form 144 is required to be filed by each officer, board or commission, whose officers or employees are paid by county funds. This form must be filed with the county auditor not later than July 2 each year. In turn, the county auditor must present the County Form 144 to the Board of Commissioners at the July meeting of the board. The Board of County Commissioners shall

review the statements and make their recommendations, for the consideration of the County Council, prior to August 20.

D. MOVE TO APPROVE: Resolution 2021-33; the extension of the interlocal agreement with the Monroe County Trustee Corporation regarding COVID-19 Support.

134

Fund Name: Rainy Day – (already appropriated)

Fund Number: 1186

Amount: Not to exceed \$200,000

PRESENTER: Margie Rice, Legal

Executive Summary: This agreement extends the interlocal with the Township Trustees Corporation for COVID-19 support until the State of Indiana is no longer under COVID-19 public health emergency governor issued order, or January 1, 2022, whichever is sooner.

- 8. APPOINTMENTS
- 9. ANNOUNCEMENTS
- 10. ADJOURNMENT



Monroe County Board of Commissioners Agenda Request Form

Date to be heard 07/07/21	Formal 🗸	Work session	Department	Legal
Title to appear on Agenda: Ordinance 2021-commission ordinates		n Vendor	#	
Executive Summary:				
This ordinance will correct a scrivener's error When the Joe Greene PUD was originally ap condition requiring the dedication of a 100 for in 2008, the Planning Department inadverten were approved. This scrivener's error was dis	proved in 2006, ot right-of-way. V tly reinserted the	the Commissioners re When an amendment to dedication condition i	jected a Planr o the Joe Gre	ning Department ene PUD was sought
Fund Name(s):	Fund Numbe	er(s):		Amount(s)
Presenter: David B Schilling				
Speaker(s) for Zoom purposes:				
Name(s)	Phone	Number(s)	_	
David B Schilling	812-34	19-2525		
(the speaker phone numbers will be removed	d from the docu	ment prior to posting)		and.
Attorney who reviewed: Schilling, David				

Ordinance 2021-<u>2</u>7

An ordinance to correct a scrivener's error made in connection with 2008 amendment to the 2006 Joe Greene PUD on South Rogers Street by amending Ordinance 2008-23.

WHEREAS, in 2006, the Monroe County Plan Commission conducted a hearing on the Joe Greene PUD Outline Plan proposal ("2006 Greene PUD") and on the Planning Department's recommendation on that proposal;

WHEREAS, the Planning Department recommended that the 2006 Greene PUD be approved subject to several conditions, including a condition that a one hundred foot (100') right-of-way through the property be dedicated to the public;

WHEREAS, the Planning Department's right-of-way dedication recommendation was based on its belief that a one hundred foot right of way was required by the Monroe County Thoroughfare Plan;

WHEREAS, during the Plan Commission's hearing on the 2006 Greene PUD, the Monroe County Highway Engineer testified that the Thoroughfare Plan did not require a one hundred foot (100') right-of-way dedication;

WHEREAS, the Plan Commission gave a favorable recommendation to the Board of Commissioners regarding the 2006 Greene PUD, subject to the conditions recommended by the Planning Department, with the exception of the recommended right-of-way dedication condition;

WHEREAS, the Board of Commissioners unanimously approved the 2006 Greene PUD, without the recommended right-of-way dedication condition, as Plan Commission Ordinance 2006-17;

WHEREAS, in 2008, the Monroe County Plan Commission conducted a hearing on a proposed amendment ("2008 Greene PUD") to the 2006 Greene PUD, and on the Planning Department's recommendations on that proposal;

WHEREAS, the Planning Department recommended approval of the 2008 Greene PUD subject to the conditions previously approved through Plan Commission Ordinance 2006-17;

WHEREAS, the Plan Commission recommended approval of the 2008 Greene PUD to the Board of Commissioners and the Board of Commissioners approved the 2008 Greene PUD as Plan Commission Ordinance 2008-23;

WHEREAS, in preparing the materials for consideration of the 2008 Greene PUD by both the Plan Commission and the Board of Commissioners, the Planning Department

inadvertently included the Department's originally recommended conditions rather that the conditions previously approved through Plan Commission Ordinance 2006-17 which did not include a right-of-way dedication requirement;

WHEREAS, the foregoing scrivener's error was not recognized by the Department, the Plan Commission, or the Board of Commissioners prior to approval of the 2008 Greene PUD and was only recently discovered;

WHEREAS, in order to correct the scrivener's error, the Board of Commissioners find that Plan Commission Ordinance 2008-23 should be amended to remove the one hundred foot (100') right-of-way dedication condition, which was and is not required by the Monroe County Thoroughfare Plan, and which was not a condition of approval included in Plan Commission Ordinance 2006-17;

NOW, THEREFORE, BE IT ORDAINED by the Commissioners as follows:

Section 1. Plan Commission Ordinance 2008-23, Section II, previous condition number 3, shall be, and hereby is, amended to read as follows:

SECTION II.

The following conditions of approval shall apply to this petition: Approval is subject to the conditions of the County Highway and Drainage Engineers' reports. These conditions are outlined below:

All previous conditions of approval shall continue to apply, which are as follows:

3. Rogers Street (Major Collector) requires a 35 foot Right-of-Way dedication from the center of the road. This Department has an active federally assisted bridge project adjacent to this parcel. Therefore, additional Rights-of-Way will be necessary to accommodate construction of said project. The owner's engineer has been given these plans to incorporate them into the design of the site plan for this petition.

<u>Section 2</u>. This ordinance shall take effect upon adoption.

of, 2021.	DAINED by the Commissioners this day				
AYE VOTES	NAY VOTES				
JULIE THOMAS, President	JULIE THOMAS, President				
LEE JONES, Vice President	LEE JONES, Vice President				
PENNY GITHENS	PENNY GITHENS				
ATTEST: CATHERINE SMITH, Auditor					



Monroe County Board of Commissioners Agenda Request Form

Date to be heard 07/07/21	Formal Work session	Department Legal
Title to appear on Agenda: Ordinance 2021-Code Chapter 20 Website and Inte	28 to add Monroe County 6: Official Monroe County rnet Publication of Notices	#
Executive Summary:		
An ordinance to establish Chapter 206 of the Internet publication of notices.	Monroe County Code which will auth	orize and regulate the practice of
·		
Fund Name(s):	Fund Number(s):	Amount(s)
Presenter: David B Schilling		
J		
Speaker(s) for Zoom purposes:		
Name(s)	Phone Number(s)	
David B Schilling	812-349-2525	
(the speaker phone numbers will be remove	d from the document prior to posting	7)

Schilling, David

Attorney who reviewed:

Ordinance 2021-28

An ordinance establishing Chapter 206 of the Monroe County Code which Chapter designates an official website for the Internet publication of Monroe County notices and establishes the procedures relevant to the publication of notices by Monroe County Government on the Official Monroe County Government website.

WHEREAS, the Indiana Code 5-3-5 establishes requirements and procedures pursuant to which Indiana counties may publish notices on the county's official website; and,

WHEREAS, the Board of Commissioners desire to adopt the requirements and procedures of Indiana Code 5-3-5 so that Monroe County Government notices may be published on the Monroe County website;

NOW, THEREFORE, BE IT ORDAINED by the Commissioners as follows:

<u>Section 1</u>. Monroe County Code Chapter 206 shall be, and hereby is, amended to read as follows:

CHAPTER 206

Official Monroe County Website and Internet Publication of Notices

206-1 Official Website of Monroe County Government

The Official Website of Monroe County Government is www.co.monroe.in.us. The Official Website of Monroe County Government is the primary source of information about Monroe County Government on the Internet.

206-2. Definition of Monroe County Government

For purposes of this Chapter, the term "Monroe County Government" shall mean and include Monroe County and any administration, agency, authority, board, bureau, commission, committee, council, department, division, institution, office, officer, service, or other similar body of Monroe County created or established under law.

206-3. Authority to Publish Notices on the Internet

When Monroe County Government is required by statute to publish notice in a newspaper two (2) or more times, it may make:

- (A) the first publication of a notice in a newspaper or newspapers as required under Indiana Code 5-3-1-4 or the applicable statute; and,
- (B) all subsequent publications of the notice only on the Official Monroe County Government website.

If notice is required to be published two (2) or more times in at least two (2) newspapers more or less contemporaneously, the first publication of the notice includes the first publication of the notice in both newspapers.

206-4. Notice Requirements and Procedures.

- (A) Notices published on the Official Monroe County Government website must be in a location on the website where the notice is easily accessible and identifiable and must remain on the website not less than seven (7) days after the last posting date required by law has expired.
- (B) The Training Specialist of the Monroe County Technical Services Department ("Designated Official") shall be responsible for placing and managing all Internet publications made pursuant to this Chapter. The Designated Official's name and contact information shall be posted on the Official Monroe County Government website.
- (C) The Designated Official shall create a printed copy of any notice posted on the Official Monroe County Government website in a format that includes the date of publication on the first day that the legal notice is published on the website, and shall maintain a printed copy of any notice for archival and verification purposes.
- (D) The Designated Official shall furnish a proof of publication upon request. The proof of publication must be executed by the Designated Official and must state that the notice was posted on the Official Monroe County Government website from the initial date through the last posting date required by law.
- (E) Indiana Code 5-3-1-2.3 and any other provision regarding an error or omission in a notice published in a newspaper also apply to the publication of a notice on the Official Monroe County Government website made in accordance with this Chapter.

Section 2. This ordinance shall take e 1, 2021.	frect upon the later of adoption of July
SO APPROVED AND ORDAINE of, 2021.	ED by the Commissioners this day
AYE VOTES	NAY VOTES
JULIE THOMAS, President	JULIE THOMAS, President
LEE JONES, Vice President	LEE JONES, Vice President
PENNY GITHENS	PENNY GITHENS
ATTEST: CATHERINE SMITH, Auditor	



Monroe County Board of Commissioners Agenda Request Form

Date to be heard 07/07/21	Formal V Work session	Department Auditor
Title to appear on Agenda: Presentat Commissi	ion of County Form No. 144 to the Venoners	dor#
xecutive Summary:		
paid by county funds. This form must county auditor must present the Coun	e filed by each officer, board or commission be filed with the county auditor not later the filed with the county auditor not later the filed with the filed of Commissioners shall review the statements and mail for to August 20.	nan July 2 each year. In turn, the ioners at the July meeting of the
ınd Name(s):	Fund Number(s):	Amount(s)
esenter: Brianne Gregory		
Speaker(s) for Zoom purposes:		
nme(s)	Phone Number(s)	···-
rianne Gregory	6168869456	
ne speaker phone numbers will be rei	moved from the document prior to posti	ng)

ASSESSOR	Fund	& Location	Number:	1000-	8000	MONROE Coun	ty, Indiana	
(Name of Office, Department, Board or Agency)		Fund Nam	e:		GENERAL	. FUND		
The following statement shows the salaries departme		ges proposed rd or agency				es of the above name	d office,	
FULL TIMI	SALAI	RIED OFFIC	CERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow	- D/ IL/ II	THE OTTER	1=FT	2022		Office before removing	g a formula	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salar	ry Annual	Level	
Reassessment Prop Specialist	35	10025	1	\$19.32	\$1,352.40	\$35,162	14	Connie Axsom
Reassessment Deputy Supervisor	35	10026	1	\$20.79	\$1,455.30	\$37,838	14	Laura Jordan
Personal Property Specialist	35	10027	1	\$18.55	\$1,298.50	\$33,761	3	Jackie Bultman
Real Estate Reassessment Specialist (Split)	35	10028	0.67	\$19.32	\$906.11	\$23,559	14	Tonya Purtlebaugh
Personal Property Specialist	35	10029	1	\$18.55	\$1,298.50	\$33,761	3	Charlotte Moat
Real Estate Reassessment Specialist	35	10030	1	\$18.55	\$1,298.50	\$33,761	3	Merrie Sloan
First Deputy/GIS Specialist	35	10092	1	\$20.79	\$1,455.30	\$37,838	14	Alexandra Goveia
Administrative Assistant to PTABOA 3	35	10093	1	\$20.79	\$1,455.30	\$37,838	14	Neely Druin
Administrative Assistant to PTABOA	35	10094	1	\$19.32	\$1,352.40	\$35,162	14	Jennifer Hawkins
Personal Property Specialist	35	10095	1	\$17.77	\$1,243.90	\$32,341	1	Jaclyn Combs
Real Estate Reassessment Specialist	35	10096	1	\$18.55	\$1,298.50	\$33,761	3	Danial Warner
Sales Disclosure Specialist	35	10097	1	\$19.32	\$1,352.40	\$35,162	14	Michelle Graham
Chief Deputy	35	12000	1	\$30.38	\$2,126.60	\$55,292	14	Lisa Surface
Elected Official	35	11000	1	\$33.61	\$2,352.70	\$61,170	EO	Judith Sharp
Elected Official	33	22000		955101	\$0.00	\$0		Table 1 and 1
				-	\$0.00	\$0		
		-			\$0.00	\$0		
V)			13.67		\$20,246.41	\$526,407		
PART TIN Title of Position or Employee Classification	ΛΕ AND	HOURLY	RATED EI		ES Rate of Pay*			
Employee Name	Hours	Account		Hourly <u>Rate</u>		ermanent Part-Time emporary/Seasonal		
17801 Part-Time	=			Range: \$1	4.00-\$19.95	PER Hour PER PER PER	-	
		Ξ		*Sho	w rate of pay per r	PER month, week, day, hour, et	<u>c.</u>	
Department Head/Elected Official Name: <u>Jud</u>	ith A Sha	arp					-	
Submitted By: Lisa S	urface				Date:	6/2/2021	_	

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly

(1) Please complete and return to the Council Office by JUNE 14, 2021 for each fund under your authority or direction.

ASSESSOR	Fund	& Location		1131-		MONROE Count	y, India	
(Name of Office, Department, Board or Agency)		Fund Name	e:		SALES DISLCOSURE			
The following statement shows the sala depart		ges proposed d or agency				s of the above named	l office,	
FULL TI	ME SALAF	RIED OFFIC	ERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow	THE OTHER		1 = FT			Office before removing	a form	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	202	
Employee Classification	Hours	Account	<u>S</u>	Rate	Weekly Salar		Lev	
Sales Disclosure Specialist (Split)	35	10028	0.33	\$19.32	\$446.29	\$11,604	14	
Sales Disclosure apecianse (oping)	55	10020	0.00	QLDIOZ.	\$0.00	\$0	_	
		-			\$0.00	\$0	-	
					\$0.00	\$0		
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			0.33	-	\$446.29	\$11,604	-	
Title of Position or_ Employee Classification Employee Name	Hours	Account		Range or f		ermanent Part-Time emporary/Seasonal F		
17801 Part-Time					.00 - \$19.95 w rate of pay per n	PER Hourly PER PER PER PER PER sonth, week, day, hour, etc		
Department Head/Elected Official Name: _	udith A Sha	гр				7.1	-	
Submitted By: Lis	a Surface			1	Date:	6/8/2021		

NOTES:

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly

(Name of Office, Department, Board	Fund & Location Number		number:	1224-		MONROE County, Indian		
Comment of the commen	or Agency)	Fund Name	e:	REASSESS		MENT		
The following statement sho	ows the salaries and wa department, boa					of the above named	l office,	
	FULL TIME SALA	RIED OFFIC	CERS AND	EMPLOY	/EES			
Highlight CHANGES In Yellow			1 = FT	2022	all the Council C	Office before removing	a formu	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Leve	
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				200	\$0.00	\$0		
					\$0.00	\$0		
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					\$0.00	\$0		
	(11)				\$0.00	\$0		
				7	\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	4				\$0.00	\$0		
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	PART TIME AND	HOURLY	RATED EI	MPLOYEE	S			
Title of Position or Employee Classification				Range or F	late of Pay*			
Employee Classification	Hours	Account				rmanent Part-Time (PPT) or	
	<u>Hours</u>	Account		Range or F Hourly Rate	Per	rmanent Part-Time (mporary/Seasonal P		
Employee Classification Employee Name	Hours	Account		Hourly	Per Ter	rmanent Part-Time (mporary/Seasonal P		
Employee Classification	Hours	Account		Hourly <u>Rate</u>	Pei Tei	nporary/Seasonal P		
Employee Classification Employee Name Gallardo, Marissa	Hours	Account		Hourly Rate \$14.00	Pei Tei	mporary/Seasonal P PPT		
Employee Classification Employee Name Gallardo, Marissa Vanbuskirk, Veronica		Account		Hourly <u>Rate</u> \$14.00 \$14.00	Pei Tei	mporary/Seasonal P		
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Employee Classification Employee Name Gallardo, Marissa Vanbuskirk, Veronica 17797 Level 2 Assessor/App C 17798 Level 3 Assessor/App C	Certification Certification			Hourly Rate \$14.00 \$14.00 Paid \$2,0 Paid \$5,0 Range: \$15	Per Ter 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PER person PER person PER Hourly PER Hourly	T (TPT)	

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Aviation	Fund	& Location	Number:	11	07	MONROE Count	y, Indiana
(Name of Office, Department, Board or Age	p. Department, Board or Agency) Fund Name:		e:	Aviation General Fund			
The following statement shows the	ne salaries and wag department, board					of the above named	l office,
FU	JLL TIME SALAR	IED OFFIC	ERS AND	EMPLOY	YEES		
Highlight CHANGES in Yellow			1 = FT			ice before removing	a formula
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level
Secretary	35	10042	1	\$18.93	\$1,325.10	\$34,453	8
Financial Manager	40	10067	1	\$24.33	\$1,946.40	\$50,606	14
Airport Operations Specialist	35	13510	1	\$20.98	\$1,468.60	\$38,184	3
Airport Operations Specialist	35	13513	1	\$20.98	\$1,468.60	\$38,184	3
Airport Operations Specialist	35	13570	1	\$21,43	\$1,500.10	\$39,003	8
Airport Operations Specialist	35	13580	1	\$20.09	\$1,406.30	\$36,564	1
Airport Operations Specialist	35	13590	1	\$20.98	\$1,468.60	\$38,184	3
Airport Operations Manager	40	14003	1	\$25.12	\$2,009.60	\$52,250	8
Director	40	15115	1	\$42.90	\$3,432.00	\$89,232	so
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	-
	-		-		\$0.00	\$0	
			-		\$0.00 \$0.00	\$0	-
		-			\$0.00	\$0 \$0	
			9		\$16,025.30	\$416,658	
Title of Position or Employee Classification	PART TIME AND	HOUKLY	KATED EN	VIPLOYEE		ate of Pay*	
Employee Name	<u>Hours</u>	Account		Hourly		nanent Part-Time	
Brooklyn Navarre	28	17801		\$17.00	Tem PF	porary/Seasonal F	т (трт)
13511 ARFF Certification			Paid \$:	1,000 per y	vear/26 Pays P	ER person	
13512 Emergency Medical Respon-	se		Pald \$3	1,000 per y	rear/26 Pays P	ER person	
17801 Part-Time			- 1	Range: \$14	.00 - \$17.00 P	ER Hourly	
					P	ER	
	-				P	ER	
Department Head/Elected Official Na	ame: <u>Carlos Lavert</u>	у		*Sho	w rate of pay per moni	th, week, day, hour, etc	-
Submitted By:	Amy Lynn Gharst			ı	Date: 6	6/7/2021	_
Submitted By:	Amy Lynn Gharst			-	Date: 6	5/7/2021	-

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

*Show rate of pay per month, week, day, hour, etc.

MONROE County, Indiana

Building

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

Fund & Location Number:

FULL TII	ME SALAI	RIED OFFIC	ERS AND	EMPLO'	/EES		
Highlight CHANGES In Yellow			1 = FT	2022	all the Council Offi	ce before removing	a form
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	202
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Leve
Secretary	35	10042	1	\$17.77	\$1,243.90	\$32,341	1
Administrative Assistant	35	11002	1	\$20.79	\$1,455.30	\$37,838	14
Building Commissioner	35	13101	1	\$35.90	\$2,513.00	\$65,338	14
Senior Commercial Bldg, Inspect	35	13102	1	\$25.12	\$1,758.40	\$45,718	8
Senior Plan Review/Building Inspector	35	13104	1	\$25.66	\$1,796.20	\$46,701	14
Building Inspector	35	13106	1		\$0.00	\$0	-
Senior Residential Building Inspector	35	13107	1	\$25.66	\$1,796.20	\$46,701	14
Building Inspector	35	13109	1	\$23.32	\$1,632.40	\$42,442	3
Bullding Inspector	35	13110	1	\$23.32	\$1,632.40	\$42,442	3
Commercial Building Inspector	35	13111	1	\$23.32	\$1,632.40	\$42,442	3
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0,00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
			10		\$15,460.20	\$401,965	
PART 1 Title of Position or Employee Classification	TIME AND	HOURLY	RATED E	MPLOYEE	Range or Re	ate of Pay*	
Employee Name	Hours	Account		Hourly Rate		nanent Part-Time porary/Seasonal F	
17801 Part-Time Hourly	=	=		Ra	PI	Hourly R R R R R	
4		-			DI	-	-

NOTES:

Submitted By:

Department Head/Elected Official Name: Jim Gerstbauer

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

Misty Deckard

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Commissioner's Office	Fund	Fund & Location Number:			0068	MONROE County, Indiana			
(Name of Office, Department, Board or Agency)		Fund Name:			County General				
The following statement shows the sa dep	laries and wag artment, boar					of the above name	d office,		
	TIME SALAF	RIED OFFIC							
Highlight CHANGES in Yellow Title of Position or			1 = FT	2022	Rate of Bi-	fice before removing			
Employee Classification	Unive	Account	STATU	Hourly		APPROX.	2022 Level		
Financial Manager	Hours 35	Account 10067	<u>s</u>	<u>Rate</u> \$24.33	Weekly Salary \$1,703.10	Annual \$44,281	14		
Office Manager	35	10067	1	\$20.36	\$1,705.10	\$37,055	8		
Commissioner's Administrator	40	10201	1	\$35.90	\$2,872.00	\$74,672	14		
Soil & Water District Manager	35	11016	1	\$24.33	\$1,703.10	\$44,281	14		
Elected Official	35	10300	1	\$25.27	\$1,768.90	\$45,991	EO		
Elected Official	35	10400	1	\$25.27	\$1,768.90	\$45,991	EO		
Elected Official	35	11012	1	\$25.27	\$1,768.90	\$45,991	EO		
Lieuteu Official	33	11012	1	723,27	\$0.00	\$0	10		
	-		-		\$0.00	\$0			
		-			\$0.00	\$0			
			-		\$0.00	\$0			
		-			\$0.00	\$0			
					\$0.00	\$0			
	17				\$0.00	\$0			
					\$0.00	\$0			
					\$0.00	\$0	No.		
		-			\$0.00	\$0			
			7		\$13,010.10	\$338,263			

PART TIME AND HOURLY RATED EMPLOYEES

<u>n</u>		Range or Rate of Pay	
Hours	Account	Hourly Rate	Permanent Part-Time (PPT) Temporary/Seasonal PT (TP
ers urly	<u> </u>	Paid per meeting - \$25.00 Range: \$14.00 - \$20.00	
		451	PER
ed Official Name: Angle Purdi	e, Commissione		er month, week, day, hour, etc.
Jill Newman, Financial N	Manager	Date:	6/8/2021
	Hours Pris Pris	Hours Account Brising Account	Hours Account Hourly Rate Paid per meeting - \$25.00 Range: \$14.00 - \$20.00 *Show rate of pay pe

(1) Please complete and return to the Council Office by JUNE 14, 2021 for each fund under your authority or direction.

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Commissioners
County Building
Mainteneance Department
(Name of Office, Department, Board or Agency)

CALENDAR YEAR 2022

Mainteneance Department	Fund & Location Number:	1000-0161	MONROE County, Indiana
Office, Department, Board or Agency)	Fund Name:	Count	y General

The following statement shows the salaries and wages proposed to be pald to officers and employees of the above named office, department, board or agency during the calendar year 2022.

FULL TIME	SALAF	RIED OFFIC	ERS AND	EMPLO'	YEES		
Highlight CHANGES in Yellow			1 = FT	2022	all the Council Offic	e before removing	g a formule
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level
Maintenance	40	10100	1	\$19.02	\$1,521.60	\$39,562	8
Maintenance & Security Supervisor	40	10200	1	\$22.96	\$1,836.80	\$47,757	14
Maintenance & Security Building Ass't Super	40	16003	1	\$20.64	\$1,651.20	\$42,931	14
Maintenance & Security Building Assistant	40	16005	1	\$18.63	\$1,490.40	\$38,750	3
					\$0.00	\$0	
					\$0.00	\$0	
142			Y		\$0.00	\$0	
1 1					\$0.00	\$0	
					\$0.00	\$0	
		7			\$0.00	\$0	
4					\$0.00	\$0	7
					\$0.00	\$0	
					\$0.00	\$0	
13					\$0.00	\$0	
1					\$0.00	\$0	
					\$0.00	\$0	
				-	\$0.00	\$0	
0.75			4		\$6,500.00	\$169,000	

PART TIME AND HOURLY RATED EMPLOYEES

epartment fleady flee	Jeg Chicarramer Greg Ch	only rices & building	/	
Department Head/Elec	ted Official Name: Greg C	rohn, Fleet & Building	222	er month, week, day, hour, etc.
				PER
				PER
-				PER
17801 Part-Time		<u> </u>	Range: \$14.00 - \$15.00	PER Hourly
Employee Name	Hot	urs Account	Hourly <u>Rate</u>	Permanent Part-Time (PPT) Temporary/Seasonal PT (TP
		A. A.S.A.		
Employee Classification	<u>on</u>		Range	e or Rate of Pay*

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

STATEMENT OF SALARIES AND WAGES

Commissioner PROPOSED TO BE PAID OFFICERS AND EMPLOYEES
CALENDAR YEAR 2022

Technical Services	Fund & Location Number:	1138-0000	MONROE County, Indiana
Name of Office, Department, Board or Agency)	Fund Name:	Cu	ım Cap

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office,

department, board or agency during the calendar year 2022. **FULL TIME SALARIED OFFICERS AND EMPLOYEES** Highlight CHANGES in Yellow 1 = FT 2022 all the Council Office before removing a formula Title of Position or Hourly STATU Rate of Bi-APPROX. 2022 **Employee Classification** Hours Account Rate Weekly Salary **Annual** Level 5 **Network Administrator** 40 13220 1 \$27.27 \$2,181.60 \$56,722 8 Senior Support Technician 40 13260 1 \$26.68 \$2,134.40 \$55,494 3 **Network Technician** 40 13270 1 \$22.05 \$1,764.00 \$45,864 3 TSD Helpdesk Support 40 13280 1 \$22.53 \$1,802.40 \$46,862 8 Support Technician 40 13290 1 \$22.05 \$1,764.00 \$45,864 3 1 Support Technician 40 13291 \$22.05 \$1,764.00 \$45,864 3 Director 40 15115 1 \$40.23 \$3,218.40 \$83,678 8 \$0.00 \$0 \$0 \$0.00 \$0.00 \$0 \$0.00 \$0 \$0.00 \$0 \$0.00 \$0 \$0.00 \$0 \$0.00 \$0 \$0.00 \$0 \$14,628.80 \$380,349 PART TIME AND HOURLY RATED EMPLOYEES

Submitted By:	Jill Newman, Financ	cial Manager	Date: _	6/8/20	121
Department Head/Ele	cted Official Name: Angie P	urdie, Commissioners	' Admin. / Eric Evans, Te	ech Services Dire	ctor
			· snow race of	pay per month, wee	k, aby, nour, etc.
-			+ cl	PER _	
N.				PER	
				PER	-
()		-		PER -	*
				PER	
-			L		
			Nate	Limporal	y/ocasonarr (iii
Employee Name	<u>Hou</u>	irs Account	Hourly <u>Rate</u>		nt Part-Time (PPT) o y/Seasonal PT (TP)
					To the state of
Employee Classificati	on			Range or Rate of	f Pay*

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Courts		Fund & Location Number:			8895-	0000	MONROE County, Indiana		
(Name of Office, Department, Board	or Agency)		Fund Name	e:		County Incentive	e IV-D Fund		
The following statement sho	ows the salario	es and wag nent, boar	es proposed d or agency	d to be paid during the	to officers calendar y	and employees ear 2022.	of the above named	office,	
	FULL TIN	IE SALAF	RIED OFFIC	CERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow	2,465,665			1 = FT	2022	all the Council O	ffice before removing	a formula	
Title of Position or				STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification		Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level	
Title IV-D Court Commission	ner (Split)	40	14140	0.25	\$60.91	\$1,218.20	\$31,673	SO	
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
					7	\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
				4		\$0.00	\$0		
					\$0.00	\$0			
						\$0.00	\$0		
				0.25		\$1,218.20	\$31,673		
Title of Position or Employee Classification Employee Name	PART T	ME AND	HOURLY	RATED E	VIPLOYEE Hourly	Range or	Rate of Pay*		
Limployee Name		Hours	Account		Houry		rmanent Part-Time L	PPTI or	
					Rate		rmanent Part-Time (I mporary/Seasonal P		
					<u>Rate</u>		mporary/Seasonal P		
					<u>Rate</u>	Te	PER PER		
					<u>Rate</u>	Te	PER PER		
					<u>Rate</u>	Te	PER PER PER PER		
						Te	PER PER PER PER PER PER PER	- - - -	
Department Head/Elected Offi	icial Name: <u>Li</u>	sa Abrahar				Te	PER PER PER PER	- - - - -	

⁽¹⁾ Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

⁽²⁾ The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Page 22 of 64

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

Auditor (Name of Office, Department, Board or Agency)	Fund	& Location Fund Name	_	100	00 Gener	MONROE County, Indian		
The following statement shows the salarie			I to be paid		and employees		d office,	
FULL TIN	IE SALA	RIED OFFIC	CERS AND	EMPLO	YEES			
Highlight CHANGES in Yellow			1 = FT	2022		Office before removing	a formul	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	<u>Annual</u>	Level	
Assistant Property Director	40	10002	1	\$20.83	\$1,666.40	\$43,326	3	
County Financial Director	40	10003	1	\$26.68	\$2,134.40	\$55,494	3	
Accounts Payable Administrator	40	10016	1	\$23.82	\$1,905.60	\$49,546	8	
Economic Development Coordinator	40	10017	1	\$20.15	\$1,612.00	\$41,912	1	
Property Transfer Coordinator (Split)	40	10018	0.5	\$23.00	\$920.00	\$23,920	14	
Property Director	40	10019	1	\$27.86	\$2,228.80	\$57,949	14	
General Ledger Manager	40	10020	1	\$24.33	\$1,946.40	\$50,606	14	
Internal Auditor	35	10044	1	\$22.30	\$1,561.00	\$40,586	1	
Administrative Assistant-Commissioners	40	11002	1	\$20.79	\$1,663.20	\$43,243	14	
Administrative Assistant-Council	40	11013	1	\$19.94	\$1,595.20	\$41,475	3	
Chief Deputy	35	12000	1	\$30.30	\$2,121.00	\$55,146	3	
Elected Official	35	11000	1	\$35.41	\$2,478.70	\$64,446	EO	
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0	_	
			44.7		\$0.00 \$21,832.70	\$0 \$567,650		
					VZZ ,032.70	= +507/000		
PART TIME AND HOURLY RATED EM	PLOYEE:	S						
Title of Position or					Panga a	r Rate of Pay*		
Employee Classification					Kange o	r Rate Of Pay		
Employee Name	Hours	Account		Hourly	Pe	ermanent Part-Time	(PPT) or	
	-			Rate	Te	emporary/Seasonal	PT (TPT)	
· · · · · · · · · · · · · · · · · · ·								
17801 Part-Time		-		Range: \$1	4.00 - \$20.00	PER Hourly	_	
		_				PER	_	
The state of the s		-				PER	-	
	_	-				PER	_	
-		_		*She	ow rate of pay per m	PER nonth, week, day, hour, et	<u> </u>	
					, , p.a., p.a	,		
Department Head/Elected Official Name: Cl	hris Muen	ch					_	
Submitted By: Chris	s Muench				Date:	6/14/2021		

Auditor	Fund & Location Number: 1000		MONROE County, Indiana
(Name of Office, Department, Board or Agency)	Fund Name:		General

NOTES:

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

Auditor	Fund & Location Number:			118		MONROE County, Indiana		
(Name of Office, Department, Board or Agency)	Fund Name:				Plat Book	ook		
The following statement shows the salari depart	es and wag ment, boar	es proposed d or agency	to be paid during the	to officers calendar ye	and employees of ear 2022.	the above named	d office,	
FULL TIN	VIE SALAF	RIED OFFIC	ERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow			1 = FT	2022	all the Council Offic		a formul	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level	
Property Transfer Coordinator (Split)	40	10018	0.50	\$23.00	\$920.00	\$23,920	14	
GIS Customer Service Representative	40	10045	1	\$23.32	\$1,865.60	\$48,506	1	
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0	-	
					\$0.00	\$0	-	
					\$0.00	\$0	-	
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					\$0.00	\$0	-	
					\$0.00	\$0	-	
					\$0.00	\$0 \$0	-	
					\$0.00		-	
			-		\$0.00	\$0 \$0	-	
			1.5		\$0.00 \$2,785.60	\$72,426		
PART Title of Position or Employee Classification	TIME ANI	HOURLY	RATED E	MPLOYE		ate of Pay*		
	Wante	A		Hourly	Dorn	nanent Part-Time	(PPT) or	
Employee Name	<u>Hours</u>	Account		Rate		porary/Seasonal		
Cecil, Dennis	28	17801		\$15.00	PF			
17801 Part-Time		_		Range: \$1	A CONTRACT OF CONT	ER Hourly	_	
-		-				ER	-	
		-				ER	-	
-	_	-				ER	_	
		_		*She	ow rate of pay per mon		tc.	
Department Head/Elected Official Name:	Chris Muen	ch						
Submitted By: Ch	ris Muench				Date: 6	/14/202 <u> </u>	24 of 64	

(Name of Office, Department, Board or Agency)	Fund & Location Number:	1181	MONROE County, Indian		
(Name of Office, Department, Board or Agency)	Fund Name:		Plat Book		

NOTES:

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Auditor		Fund & Location Number:		12		MONROE County, Indian			
(Name of Office, Department, Board or Agenc	y)	Fund Name:			Auditors Ineligible Deductions				
The following statement shows the d	salaries and wag epartment, boar	ges proposed to d or agency d	to be paid luring the	to officer calendar y	s and employee year 2022.	s of the	above name	d office,	
FIII	L TIME SALAF	RIFD OFFICE	ERS AND	EMPLO	YEES				
Highlight CHANGES in Yellow			1 = FT	2022	all the Council	Office be	fore removing	g a formu	
Title of Position or			STATU	Hourly	Rate of Bi-	-	APPROX.	202	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salar	Y	<u>Annual</u>	Leve	
	- 1				\$0.00		\$0	in E	
	2 = 2/				\$0.00		\$0		
					\$0.00		\$0		
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					\$0.00	100	\$0		
					\$0.00		\$0		
P.A. Title of Position or	ART TIME ANI	O HOURLY F	RATED E	MPLOYE	ES				
Employee Classification					Range o	r Rate	of Pay*		
Employee Name	Hours	Account		Hourly	Р	ermane	ent Part-Time	(PPT) or	
				Rate	T	empora	ry/Seasonal	PT (TPT)	
Watts, Steffanie	28	17801		\$14.00		PPT			
					J L				
19									
17204 Auditor Supplemental TIF No	eutralization	_	Paid	at Comple	etion - \$6,600	PER	Annual		
17801 Part-Time				Range: \$1	4.00 - \$20.00	PER	Hourly	_	
						PER			
						PER		_	
						PER			
				*cL	ow rate of pay per i	month, w	any day hour of	C	
				-311	ow rate of pay per i	montally in	eek, day, noar, et		

Submitted By:	Chris Muench	Date:	6/14/2021	

NOTES:

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Clerk	Fund & Location Number:	1000-0001 MONROE County, Ind				
(Name of Office, Department, Board or Agency)	Fund Name:	General Fund				

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2022.

FULL TIN	/IE SALAF	RIED OFFIC	ERS AND	EMPLOY	/EES		
lighlight CHANGES in Yellow			1 = FT	2022	all the Council Offic		
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Leve
Supervisor Child Support	35	10008	1	\$20.36	\$1,425.20	\$37,055	8
Supervisor Small Claims	35	10009	1	\$17.77	\$1,243.90	\$32,341	1
Supervisor Misdemeanors	35	10010	1	\$18.93	\$1,325.10	\$34,453	8
Deputy 1	35	10011	1	\$18.93	\$1,325.10	\$34,453	8
Supervisor Civil Deputy	35	10012	1	\$20.36	\$1,425.20	\$37,055	8
Deputy 2	35	10013	1	\$19.32	\$1,352.40	\$35,162	14
Child Support Deputy	35	10014	1	\$18.55	\$1,298.50	\$33,761	3
Assistant Bookkeeper Deputy	35	10015	1	\$18.93	\$1,325.10	\$34,453	8
Deputy 3	35	10031	1	\$18.93	\$1,325.10	\$34,453	8
Deputy 4	35	10032	1	\$18.93	\$1,325.10	\$34,453	8
Deputy 5	35	10033	1	\$17.77	\$1,243.90	\$32,341	1
Deputy 7	35	10035	1	\$18.55	\$1,298.50	\$33,761	3
Deputy 8	35	10036	1	\$19.32	\$1,352.40	\$35,162	14
Deputy 9	35	10037	1	\$18.93	\$1,325.10	\$34,453	8
Microfilm Deputy	35	10038	1	\$18.55	\$1,298.50	\$33,761	3
Deputy 10	35	10039	1	\$18.55	\$1,298.50	\$33,761	3
Deputy 11	35	10040	1	\$18.55	\$1,298.50	\$33,761	3
Deputy 12	35	10041	1	\$17.77	\$1,243.90	\$32,341	1
Deputy 14	35	10046	1	\$19.32	\$1,352.40	\$35,162	14
Deputy 15	35	10047	1	\$19.94	\$1,395.80	\$36,291	3
Deputy 16	35	10048	1	\$18.55	\$1,298.50	\$33,761	3
Deputy 17	35	10049	1	\$16.67	\$1,166.90	\$30,339	1
Support Clerk	35	10051	1	\$18.55	\$1,298.50	\$33,761	3
Microfilm Deputy	35	10052	1	\$18.55	\$1,298.50	\$33,761	3
Deputy 13	35	10054	1	\$18.55	\$1,298.50	\$33,761	3
Assistant Bookkeeper/Support Deputy	35	10060	1	\$18.55	\$1,298.50	\$33,761	3
Training Specialist	35	10061	1	\$23.82	\$1,667.40	\$43,352	8
Administrative Assistant	35	11002	1	\$20.36	\$1,425.20	\$37,055	8
Chief Deputy	35	12000	1	\$32.00	\$2,240.00	\$58,240	14
Financial Director	35	16000	1	\$22.53	\$1,577.10	\$41,005	8
Elected Official	35	11000	1	\$35.41	\$2,478.70	\$64,446	EO
where we go at Marcolli			-		\$0.00	\$0	
			The sale		\$0.00	\$0	
					\$0.00	\$0	
			31		\$43,526.00	\$1,131,676	-

<u>Title of Position or</u> <u>Employee Classification</u>	TIME AN	Fund Name:		ral Fund	
<u>Title of Position or</u> <u>Employee Classification</u>	TIME AN	D HOURLY RATED	EMPLOYEES	ás	
Employee Classification					
Employee Classification					
			Pana	e or Rate of Pay*	
Francisco Name			Mang	e or Nate of Pay	
Employee Name	Hours	Account	Hourly	Permanent Part-	-Time (PPT) or
			Rate	Temporary/Seas	
Doty, Jan	28	17801	\$17.00	PPT	21071.016
Freeman, Lydia	28	17801	\$14.00	PPT	
Hardiman, Keeley	28	17801	\$15.00	PPT	
Hill, Brooklyn	28	17801	\$15.00	PPT	mispelle
Keer, Emman Kerr, Emma	28	17801	\$14.00	PPT	mispelle
Lidell, Amy	28	17801	\$15.00	PPT	4.00
Morrison-Newson, Kim	28	17801	\$14.00	PPT	
Vickers, Emily	28	17801	\$15.00	PPT	
		17801		PPT	
17801 Part-Time			Range: \$14.00 - \$17.00	PER Hou	relia.
270021 dit Time		•		PER	iriy
+				PER	
·		+		PER	-
-		-		PER	
y -	-	-	*Show rate of nav po	er month, week, day, he	our oto
			Show rate of pay pe	a month, week, day, no	nui, etc.
epartment Head/Elected Official Name: N	licala Brow	no			
epartment fleady Elected Official Name.	alcole blow	ile			-
5 A A A					
ubmitted By: Terr	i Bowman		Date:	6/8/2021	
OTES:					

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

(2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

6/8/2021

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Date:

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

Clerk		Fund & Location Number:			1119-		MONROE County, Indiana		
(Name of Office, Department, Board or Agency)		Fund Name:				Clerk's Perpetua	tion Fund		
The following statement show			es proposed d or agency				of the above name	d office,	
	FULL TIME	SALAF	RIFD OFFIC	ERS AN	D EMPLO	YEES			
Highlight CHANGES in Yellow	TOLL THE	0, 12, 11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 = FT	2022		ffice before removing	a a formu	
Title of Position or				STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification		Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Leve	
Deputy 1	T	35	10011	1	\$16.67	\$1,166.90	\$30,339	1	
	1					\$0.00	\$0		
	İ					\$0.00	\$0		
	1					\$0.00	\$0		
	1					\$0.00	\$0		
	t					\$0.00	\$0		
	1					\$0.00	\$0		
						\$0.00	\$0		
		-	-			\$0.00	\$0		
	-					\$0.00	\$0		
	-		-			\$0.00	\$0		
						\$0.00	\$0		
						\$0.00	\$0		
	-	_				\$0.00	\$0		
	-					\$0.00	\$0		
	+					\$0.00	\$0		
	+	_				\$0.00	\$0	1	
	L	_		1	-	\$1,166.90	\$30,339	-	
	PART TIM	IE AND	HOURLY	RATED I	EMPLOYE	ES			
<u>Title of Position or</u> <u>Employee Classification</u>						Range or	Rate of Pay*		
Employee Name	1	<u>lours</u>	Account		Hourly <u>Rate</u>		rmanent Part-Time mporary/Seasonal		
Gaskins, Sandra		28	17801		\$14.00		PPT		
17801 Part-Time			_		Range: \$1	4.00 - \$17.00	PER Hourly	_	
		-					PER	=	
-									
							PER		
			_				PER		

Terri Bowman

Submitted By:

Clerk	Fund & Location Number:	1119-0000	MONROE County, Indiana		
(Name of Office, Department, Board or Agency)	Fund Name:	Clerk's Perpetuation Fund			
			-		

NOTES:

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Clerk (Name of Office, Department, Board or Agency)		Fund & Location Number: Fund Name:			0010	MONROE County, Indiana ter Registration		
					tion Fund - Vote			
The following statement show	ws the salaries and wa	ages proposed ard or agency	d to be paid during the	to officers	and employees ear 2022.	of the above name	d office,	
	FULL TIME SALA	RIED OFFI	CERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow	FOLL THVIL SALA	MILD OTT	1 = FT			ffice before removing	g a formul	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	<u>Annual</u>	Level	
Deputy 1	35	10011	1	\$17.77	\$1,243.90	\$32,341	3	
Deputy 2	35	10013	1	\$17.77	\$1,243.90	\$32,341	3	
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			V		\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			1-24		\$0.00	\$0		
					\$0.00	\$0		
		1			\$0.00	\$0		
					\$0.00	\$0		
			V = 1		\$0.00	\$0		
Į.			1-34		\$0.00	\$0		
	-		2		\$2,487.80	\$64,683		
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME AT	ND HOURLY	RATED E	MPLOYE		· Rate of Pay*		
Employee Name	Hours	Account		Hourly	Pe	rmanent Part-Time	e (PPT) or	
Employee Name				Rate	Те	mporary/Seasonal	PT (TPT)	
Jack Davis	14	17801		\$17.00		PPT		
Bonnie Saft	14			\$17.00		PPT		
Domino exi, v								
1								
17801 Part-Time				Range: \$1	4.00 - \$17.00	PER Hourly		
						PER		
-						PER		
•		-				PER		
				*Sh	ow rate of pay per m	onth, week, day, hour, o	etc.	
Department Head/Elected Offi	cial Name: Nicole Br	owne						
Submitted By:	Terri Bowma	an			Date:	6/8/2021 Pag	e 32 of 64	
Jubilitted by.	Terribettine			_		Fay	0 0 ∠ 01 04	

Clerk	Fund & Location Number:	1215-0010	MONROE County, Indiana		
(Name of Office, Department, Board or Agency)	Fund Name:	Election Fund - Voter Registration			

NOTES:

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

17509 Absentee Boards-Leads

17801 Part-Time

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

Clerk		Fund & Location Number:			0062	MONROE County, Indiana		
(Name of Office, Department, Board or A	gency)	Fund Name	e;	E	lection Fund -	Election B	loard	
The following statement shows	the salaries and wag department, boar	ges proposed rd or agency	d to be paid during the	l to officer: calendar y	s and employe ear 2022.	es of the	above named	d office,
	ULL TIME SALAI	RIED OFFIC	CERS AND	EMPLO	YEES			
Highlight CHANGES in Yellow			1 = FT	2022	all the Council	Office bej	fore removing	a formula
Title of Position or			STATU	Hourly	Rate of Bi-	CO TOTAL	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Sala	ry	<u>Annual</u>	Level
Election Supervisor	35	12002	1	\$19.94	\$1,395.80	83 19 12	\$36,291	3
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
			-		\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	4 2 - 1
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$1,395.80		\$36,291	
	PART TIME AND	O HOURLY	RATED E	MPLOYE	ES			
<u>Title of Position or</u> <u>Employee Classification</u>					Range	or Rate o	of Pay*	
Employee Name	Hours	Account		Hourly		Permanei	nt Part-Time	(PPT) or
Employee Name				Rate		Tempora	ry/Seasonal	PT (TPT)
Davis, Jack	14	17801		\$17.00	1 Г	PPT	1000 M	
Saft, Bonnie	14	17801		\$17.00	1 1	PPT		
Salty Domino								
17301 Board Members		Pa	7.7 * 1		ments - \$600	PER	person	_
17501 Inspectors					on Day - \$165	PER	person	_
17502 Judges (Election)				A CONTRACTOR OF THE PARTY OF TH	on Day - \$135	PER _	person	_
17503 Precint Sheriff (Election)					on Day - \$115	PER	person	_
17504 Clerks (Election)		_			on Day - \$135	PER _	person	_
17505 Janitors			Pale	No. of the Party States	ion Day - \$25	PER	person	
17506 Absentee Boards-Early V	oting				1.00 10.5	PER	Hourly	
17507 Travel Boards		P			, plus mileage	PER	Hourly	=01
17508 Absentee Boards-Counte	rs		Paid	per Election	on Day - \$135	PER	person	_

person

person

PER

PER

Paid per Election Day - \$140

Range: FMWR-\$14.00- \$17.00

Clerk	Fund & Location Number:	1215-0062	MONROE County, Indian			
(Name of Office, Department, Board or Ago	ency) Fund Name:	Election Fund - Election Board				
Department Head/Elected Official	Name: Nicole Browne					
Submitted By:	Terri Bowman	Date:	6/8/2021			
			A CONTRACTOR			

NOTES:

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

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STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

County Council (Name of Office, Department, Board or Ager		& Location Fund Name	_	1000-	0061 Genereal		ROE Count	y, Indiana
The following statement shows the		es proposed	to be paid		and employees		bove name	d office,
FU	ILL TIME SALAF	RIED OFFIC	ERS AND	EMPLO	YEES			
Highlight CHANGES in Yellow Title of Position or		1	1 = FT STATU		all the Council C		re removing	a formula
Employee Classification	Hours	Account	<u>S</u>	Rate	Weekly Salar		Annual	Level
Council Administrator	40	10022	1	\$26.68	\$2,134.40	_	\$55,494	3
Elected Official	35	11004	1	\$9.55	\$668.50		317,381	EO
Elected Official	35	11005	1	\$9.55	\$668.50		17,381	EO
Elected Official	35	11006	1	\$9.55	\$668.50	5	17,381	EO
Elected Official	35	11007	1	\$9.55	\$668.50	\$	17,381	EO
Elected Official	35	11008	1	\$9.55	\$668.50	\$	17,381	EO
Elected Official	35	11009	1	\$9.55	\$668.50	\$	17,381	EO
Elected Official	35	11010	1	\$9.55	\$668.50	\$	317,381	EO
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
			8		\$6,813.90	= = \$	177,161	
P <u>Title of Position or</u> <u>Employee Classification</u>	ART TIME AND	HOURLY	RATED E	MPLOYE		r Rate of	Pay*	
Employee Name	<u>Hours</u>	Account		Hourly	Po	ermanen	t Part-Time	(PPT) or
Margaret Hollers	25	17801		\$19.00	Te	PPT PPT	//Seasonal	PT (TPT)
17801 Part-Time				Range: \$14	4.00 - \$37.50	PER	Hourly	_
		=				PER _		_
•		-				PER _		_
: C		•		*Sho	ow rate of pay per n	_	, day, hour, et	<u>с.</u>
Department Head/Elected Official N	ame: Eric Spoonn	nore, Counci	l President					_
Submitted By: Kim Shell, Council Ad	ministrator				Date:	6/11/20)21	

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

		Fund & Location Number:			0007	MONROE County, Indiana	
Name of Office, Department, Board or Agency	1)	Fund Nam	e:		General Fu	ınd	
The following statement shows the	salaries and wag epartment, boar				the state of the s	of the above name	d office,
FUL	L TIME SALAF	RIED OFFI	CERS AND	EMPLO'	YEES		
Highlight CHANGES in Yellow			1 = FT	2022	The state of the s	fice before removin	a a formu
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	202
Employee Classification	<u>Hours</u>	Account	<u>s</u>	Rate	Weekly Salary	Annual	Leve
Elected Official	35	11000	1		\$0.00	\$0	
	1 A				\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
			1		\$0.00	\$0	
Title of Position or mployee Classification					Range or F	Rate of Pay*	
Employee Name	Hours	Account		Hourly <u>Rate</u>		manent Part-Time nporary/Seasonal	1
17031 Chief Deputy Coroner 17032 Deputy Coroner 17033 Deputy Coroner 17034 Deputy Coroner 17035 Deputy Coroner		11,500 11,500 11,500 11,500	Paid \$2,87 Paid \$2,87 Paid \$2,87	5 in Qrtly 5 in Qrtly 5 in Qrtly	Installments F Installments F Installments F Installments F	PER 26 pays PER MAR, JUN, SE PER MAR, JUN, SE PER MAR, JUN, SE MAR, JUN, SE	PT, OCT
		_		*Sho		PERth, week, day, hour, etc	<u>.</u>
partment Head/Elected Official Nam	e: Joani Shields Laani Shields	- Coroner			Date: 6	6/8/2021 Bag	

Coroner	Fund & Location Number:	1000-0007	MONROE County, Indiana
(Name of Office, Department, Board or Agency)	Fund Name:	Gen	eral Fund

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Courts	Fund & Location Number:	1000-0225	MONROE County, Indiana
(Name of Office, Department, Board or Agency)	Fund Name:	Gen	eral Fund

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2022.

FULL TI	ME SALAI	RIED OFFIC	ERS ANI	EMPLO'	/EES		
Highlight CHANGES in Yellow			1 = FT	2022	all the Council Off	fice before removing	a formu
Title of Position or			STATU	Hourly	Rate of BI-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Leve
Official Court Reporter	35	12047	1	\$24.33	\$1,703.10	\$44,281	14
Associate Court Reporter	35	12071	1	\$20.79	\$1,455.30	\$37,838	14
Associate Court Reporter	35	12075	1	\$20.36	\$1,425.20	\$37,055	8
Official Court Reporter	35	14012	1	\$24.33	\$1,703.10	\$44,281	14
Associate Court Reporter	35	14119	1	\$19.94	\$1,395.80	\$36,291	3
Associate Court Reporter	35	14120	1	\$20.79	\$1,455.30	\$37,838	14
Balliff	35	14121	1	\$19.68	\$1,377.60	\$35,818	14
Bailiff	35	14122	1	\$18.89	\$1,322.30	\$34,380	3
Title IV-D Court Commissioner (Split)	40	14140	0.75	\$60.91	\$3,654.60	\$95,020	SO
Official Court Reporter (Split)	35	14147	0.25	\$24.33	\$425.78	\$11,070	14
Official Court Reporter	35	14148	1	\$24.33	\$1,703.10	\$44,281	14
Official Court Reporter	35	14149	1	\$24.33	\$1,703.10	\$44,281	14
Deputy Court Administrator	40	14150	1	\$27.86	\$2,228.80	\$57,949	14
Official Court Reporter	35	14151	1	\$24.33	\$1,703.10	\$44,281	14
Official Court Reporter	35	14152	1	\$23.82	\$1,667.40	\$43,352	8
Official Court Reporter	35	14153	1	\$24.33	\$1,703.10	\$44,281	14
Official Court Reporter	35	14154	1	\$23.32	\$1,632.40	\$42,442	3
Official Court Reporter	35	14155	1	\$24.33	\$1,703.10	\$44,281	14
Associate Court Reporter	35	14158	1	\$20.36	\$1,425.20	\$37,055	8
Associate Court Reporter	35	14159	1	\$20.36	\$1,425.20	\$37,055	8
Associate Court Reporter	35	14160	1	\$20.79	\$1,455.30	\$37,838	14
Associate Court Reporter	35	14161	1	\$19.94	\$1,395.80	\$36,291	3
Associate Court Reporter	35	14162	1	\$20.79	\$1,455.30	\$37,838	14
Associate Court Reporter	35	14163	1	\$19.94	\$1,395.80	\$36,291	3
Associate Court Reporter	35	14164	1	\$19.94	\$1,395.80	\$36,291	3
Associate Court Reporter	35	14165	1	\$20.36	\$1,425.20	\$37,055	8
Associate Court Reporter	35	14166	1	\$20.36	\$1,425.20	\$37,055	8
Associate Court Reporter	35	14167	1	\$20.79	\$1,455.30	\$37,838	14
Associate Court Reporter	35	14168	1	\$19.94	\$1,395.80	\$36,291	3
Associate Court Reporter	35	14169	1	\$20.36	\$1,425.20	\$37,055	8
Associate Court Reporter	35	14170	1	\$20.79	\$1,455.30	\$37,838	14
Associate Court Reporter (Split)	35	14171	0.25	\$20.36	\$356.30	\$9,264	8
Associate Court Reporter	35	14172	1	\$19.10	\$1,337.00	\$34,762	1
Associate Court Reporter	35	14173	1	\$19.10	\$1,337.00	\$34,762	1
Associate Court Reporter	35	14174	1	\$20.79	\$1,455.30	\$37,838	14
Associate Court Reporter (Split)	35	14175	0.25	\$19.94	\$348.95	\$9,073	3
Case Management Coordinator	40	14177	1	\$24.33	\$1,946.40	\$50,606	14
Financial Coordinator	40	14178	1	\$23.82	\$1,905.60	\$49,546	8
Courts Program Coordinator	40	14179	1	\$24.33	\$1,946.40	\$50,606	14
Court Bailiff	35	14181	1	\$19.68	\$1,377.60	\$35,818	14
Court Bailiff	35	14182	1	\$20.85	\$1,459.50	\$37,947	14
Court Balliff	35	14183	1	\$19.68	\$1,377.60	\$35,818	14
Court Bailiff	35	14184	1	\$18.89	\$1,322.30	\$34,380	3
Court Bailiff	35	14185	1	\$18.89	\$1,322.30	\$34,380	3
Public Service Coordinator	35	14187	1	\$19.32	\$1,352.40	\$35,162	14
Family Court Coordinator	35	14188	1	\$25,66	\$1,796.20	\$46,701	14
Director	40	15115	1	\$41.58	\$3,326.40	\$86,486	14
Director	40	13113	44.5	V4T100	\$72,459.83	\$1,883,955	

Courts		Fund & Location Number:		1000-0225		IVIC	NROE Count	ty, Indiana
(Name of Office, Department, Board o	r Agency)	Fund Name		General Fund				
The following statement show	ws the salaries and wag department, boar					ees of the	above named	d office,
	FULL TIME SALAF	RIED OFFIC	ERS AND	EMPLO	YEES			
Highlight CHANGES in Yellow			1 = FT	2022	all the Counc	il Office b	efore removing	g a formul
Title of Position or			STATU	Hourly	Rate of B	I -	APPROX.	2022
Employee Classification	<u>Hours</u>	Account	<u>s</u>	Rate	Weekly Sal	ary	Annual	Level
Title of Position or								
Employee Classification					Range	e or Rate	of Pay*	
Employee Name	Hours	Account		Hourly		Perman	ent Part-Time	(PPT) or
				Rate			ary/Seasonal	4
Shirley Mcclure		17801		\$14.00	1	PPT	1	
Rebecca McClellon		17801		\$14.00		PPT	T .	
Michael Krebbs		17801		\$15.00	1	PPT	1	
Josh Lewis		17801		\$15.00	1	PPT	1	
LAW CLERKS - Students		17801		\$14.00]	TPT]	
17001 Judge 1				Paid \$5	,000 per year	PER	January	
17002 Judge 2		-			,000 per year	PER	January	_
17003 Judge 3		_			,000 per year		January	
17004 Judge 4					,000 per year	PER	January	_
17005 Judge 5					,000 per year	PER	January	
17006 Judge 6		-		Paid \$5	,000 per year	PER	January	_
17008 Judge 8				Paid \$5	,000 per year	PER	January	
17009 Judge 9				Pald \$5	,000 per year	PER	January	
17100 Transcripts		ur	suant to Lo	ocal Rule 5	3-AR15-0132	PER		
17801 Part-Time				Range: F	MWR - \$30.5	PER	Hourly	
				*She	ow rate of pay pe	r month, w	eek, day, hour, et	c.
Department Head/Elected Offic		n						-
Submitted By:	Lisa Abraham				Date:	6/2/2	2021	

⁽¹⁾ Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

⁽²⁾ The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Emergency Manageme	ent Fun	Fund & Location Number:				MONROE County, Indiana		
(Name of Office, Department, Board of	or Agency)	Fund Nam	e:		County G	eneral		
The following statement show	ws the salaries and wa	ages propose ard or agency	d to be paid during the	to officers calendar y	and employee ear 2022.	s of the	above name	d office,
	FULL TIME SALA	ARIED OFFI	CERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow			1 = FT	2022	all the Council	Office be	fore removin	
Title of Position or			STATU	Hourly	Rate of Bi-		APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salar	Υ	<u>Annual</u>	Leve
Deputy Director	40	13701	1	\$22.05	\$1,764.00		\$45,864	3
Director	40	15115	1	\$26.68	\$2,134.40		\$55,494	3
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
			V		\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
					\$0.00		\$0	
			2		\$3,898.40		\$101,358	
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME AN	ND HOURLY	RATED E	MPLOYE	ES Range o	or Rate c	of Pay*	
Employee Name	<u>Hours</u>	Account		Hourly <u>Rate</u>			nt Part-Time ry/Seasonal	
-								
					L			
Supplemental Pay				\$5,000.	00 (26 pays)	PER	Year	
-						PER		
		12				PER		
•) <u> </u>				PER		
-						PER		
-				*Sho	w rate of pay per i	month, we	ek, day, hour, e	etc.
Department Head/Elected Offi	cial Name: Angle Dur	die Commiss	ioners' Adm	nin				
Department Head/Elected Offic	ciai ivame: Angle Pur	die, commiss	ionera Mun	mi				_
Submitted By:	Jill Newman, Financia	l Manager			Date:	6/3/2	2021	2 12 of 61

Emergency Management	Fund & Location Number:	1000-0361	MONROE County, Indiana
(Name of Office, Department, Board or Agency)	Fund Name:	Coun	ty General

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Extension Service	Fund	Fund & Location Number:		1000-0011		MONROE County, Indiana		
(Name of Office, Department, Board o	or Agency)	Fund Nam	e:		General	Fund		
The following statement show	ws the salaries and wag department, boa					es of the	above name	d office,
	FULL TIME SALAI	RIED OFFI	CERS AND	EMPLO'	YEES			
Highlight CHANGES in Yellow			1 = FT		all the Council	Office be		
Title of Position or			STATU	Hourly	Rate of Bi-		APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salar	<u>x</u> –	Annual	Leve
Business Manager	35	11103	1	\$20.36	\$1,425.20		\$37,055	8
Education Assistant	35	11104	1	\$18.55	\$1,298.50		\$33,761	3
	<u> </u>			-	\$0.00		\$0	-
					\$0.00		\$0	-
					\$0.00		\$0	-
					\$0.00		\$0	>===
					\$0.00		\$0	-
					\$0.00	- -	\$0	-
					\$0.00		\$0	-
		_	(1		\$0.00		\$0	10
					\$0.00	_	\$0	_
				-	\$0.00		\$0	-
					\$0.00		\$0	-
					\$0.00	_	\$0	
					\$0.00		\$0 ¢0	-
				-	\$0.00	4 -	\$0 \$0	
			2		\$0.00 \$2,723.70		\$70,816	
<u>Title of Position or</u> Employee Classification	PART TIME ANI	O HOURLY	RATED E	MPLOYE		or Rate o	of Pay*	
Employee Name	<u>Hours</u>	Account		Hourly	F	ermane	ent Part-Time	(PPT) or
				Rate			ry/Seasonal	PT (TPT)
Benjamin Phillips	varies	17801		\$14.00		TPT		
Bethany Stanger	varies	17801		\$14.00		TPT		
Deanna Turner	varies	17801		\$14.00	l L	TPT	ļ	
17801 Part-Time		_		R	ange: \$14.00	PER	Hourly	_
		_				PER		_
		_				PER		_
-		-				PER PER		_
1	_	_		****	ow rate of pay per		ank day hour o	to.
				·Sin	ow rate of pay per	month, we	eek, ddy, nodi, ei	
Department Head/Elected Offic	cial Name: Amy Thom	oson						_
Submitted By:	Cindi Percifield				Date:	6/14/	2021	14 of 64

Extension Service	Fund & Location Number:	1000-0011 MONROE County, Ir					
(Name of Office, Department, Board or Agency)	Fund Name:	Gen	eral Fund				

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Highway	Fund & Location Number:	1176-0531	MONROE County, Indiana	
(Name of Office, Department, Board or Agency)	Fund Name:	Motor Vehicle Highway - Maintenance & Repair		

The following statement shows the salaries and wages proposed to be paid to officers and employees of the above named office, department, board or agency during the calendar year 2022.

FULL TI	ME SALAI	RIED OFFIC	CERS AND	EMPLOY	EES		
Highlight CHANGES in Yellow			1 = FT	2022	all the Council Offic	ce before removing	a formula
Title of Position or			FT	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	STATUS	Rate	Weekly Salary	Annual	Level
Truck Driver	40	15830	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15831	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15832	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15833	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15835	1	\$19.89	\$1,591.20	\$41,371	7
Truck Driver	40	15836	1	\$20.88	\$1,670.40	\$43,430	8
Truck Driver	40	15837	1	\$19.59	\$1,567.20	\$40,747	1
Truck Driver	40	15838	1	\$19.89	\$1,591.20	\$41,371	7
Truck Driver	40	15839	1	\$19.79	\$1,583.20	\$41,163	3
Truck Driver	40	15840	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15841	1	\$21.43	\$1,714.40	\$44,574	24
Truck Driver	40	15842	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15844	1	\$19.79	\$1,583.20	\$41,163	2
Truck Driver	40	15845	1	\$19.79	\$1,583.20	\$41,163	4
Truck Driver	40	15846	1	\$19.79	\$1,583.20	\$41,163	3
Light Equipment/Bush Hog Operator	40	15847	1	\$20.18	\$1,614.40	\$41,974	7
Light Equipment/Bush Hog Operator	40	15848	1	\$20.18	\$1,614.40	\$41,974	5
Equipment Operator	40	15849	. 1	\$21.80	\$1,744.00	\$45,344	8
Equipment Operator	40	15850	1	\$22.64	\$1,811.20	\$47,091	32
Equipment Operator	40	15852	1	\$20.69	\$1,655.20	\$43,035	3
Equipment Operator	40	15853	1	\$22.50	\$1,800.00	\$46,800	25
Equipment Operator	40	15854	1	\$20.59	\$1,647.20	\$42,827	1
Equipment Operator	40	15855	1	\$20.69	\$1,655.20	\$43,035	2
Equipment Operator	40	15856	1	\$20.79	\$1,663.20	\$43,243	6
Assistant Sign Repair	40	15857	1	\$19.79	\$1,583.20	\$41,163	4
Sign Repair	40	15858	1	\$19.79	\$1,583.20	\$41,163	4
Communications/Payroll Manager	40	15860	. 1	\$20.98	\$1,678.40	\$43,638	12
Fleet Maintenance Coordinator	40	15867	1	\$22.64	\$1,811.20	\$47,091	31
			1		\$0.00	\$0	
			- 14E		\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
			28		\$45,827.20	\$1,191,507	

Approved by State Board of Accounts for Monroe County, 2005

County Form No. 144 (Rev 1999)

Highway	Fund	& Location Number:	1176-0531	MONROE County, Indiana
(Name of Office, Department , Board or Ager	ncy)	Fund Name:	Motor Vehicle Highw	ay - Maintenance & Repair
	PART TIME ANI	HOURLY RATED	EMPLOYEES	
Title of Position or				
Employee Classification			Rai	nge or Rate of Pay*
Employee Name	<u>Hours</u>	Account	Hourly	Permanent Part-Time (PPT) or
Gary Eads	26	17801	Rate	Temporary/Seasonal PT (TPT)
3	20	17901	Range Range	PPT TPT
,5	_ 20	17301	Halige	11.1
			-	
17209 Clothing Allowance		Paid in two \$62	5 installment per pers	on PER JAN & JUL
17801 Part-Time		r did ili two yoz	Range: \$14,00 - \$20.	
17901 Temporary Part-Time			Range: \$14.00 - \$20.	
				PER
				PER
				y per month, week, day, hour, etc.
		Hou	rly	
Described and Market of Control o	Inner Her Bides			
Department Head/Elected Official N	vame: Lisa Ridge			<u>,</u>
Submitted By:	Suzanne DeMoss	A TOTAL	Date:	6/7/2021
IOTEC				
IOTES:				

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Human Resources		Fund & Location Number:			0309	MONROE County, Indiana		
(Name of Office, Department, Board of	r Agency)	Fund Name: Count				ty General		
The following statement show	vs the salaries and wa department, boa					of the above name	d office,	
	FULL TIME SALA	RIED OFFI	CERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow	4 2 22 3100 21000		1 = FT			fice before removing	a formu	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level	
Payroll Administrator	40	10024	1	\$24.58	\$1,966.40	\$51,126	3	
HR Specialist	40	15116	1	\$24.58	\$1,966.40	\$51,126	3	
	7				\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			1000		\$0.00	\$0		
			1		\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	-				\$0.00	\$0		
	+==				\$0.00	\$0		
			2		\$3,932.80	\$102,253		
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME ANI	D HOURLY	RATED EI	MPLOYE		Rate of Pay*		
Employee Name	<u>Hours</u>	Account		Hourly <u>Rate</u>		manent Part-Time nporary/Seasonal	-	
17801 Part-Time				Range: \$14		PER Hourly PER PER	_	
-	-	-				PER	3.0	
		_				PER		
	1 1111	1		*Sho	w rate of pay per mo	nth, week, day, hour, et	c.	
Department Head/Elected Offic	ial Name: Angie Purdi	ie, Commissi	oners' Admi	in.			-	
Submitted By: Ji	ll Newman, Financial I	Manager			Date:	6/8/2021 Page	48 of 64	

Human Resources	Fund & Location Number:	1000-0309	MONROE County, Indiana
(Name of Office, Department, Board or Agency)	Fund Name:	Coun	ty General

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Legal Department	Func	Fund & Location Number:		1000 - 0277		MONROE County, Indiana	
(Name of Office, Department, Board or	Agency)	Fund Nam	e:		County Ge	neral	
The following statement show	s the salaries and wa department, boa					of the above name	ed office,
	FULL TIME SALA	RIED OFFI	CERS AND	EMPLOY	/EES		
Highlight CHANGES in Yellow			1 = FT			ffice before removin	g a formula
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary		Level
County Attorney 1	40	12771	1	\$41.58	\$3,326.40	\$86,486	14
County Attorney 2	40	12772	1	\$41.58	\$3,326.40	\$86,486	14
County Attorney 3	40	12777	1	\$40.23	\$3,218.40	\$83,678	8
County Attorney 4	40	12778	1	\$38.89	\$3,111.20	\$80,891	3
Legal Secretary	40	13019	1	\$20.79	\$1,663.20	\$43,243	14
Legal Secretary	40	13020	1	\$20.36	\$1,628.80	\$42,349	8
					\$0.00	\$0	-
					\$0.00	\$0	
				-	\$0.00	\$0	
					\$0.00	\$0	-
			-	-	\$0.00	\$0	
					\$0.00 \$0.00	\$0	-
			4		and the second second	\$0	
	1		-		\$0.00 \$0.00	\$0 \$0	
							-
					\$0.00 \$0.00	\$0 \$0	
			6		\$16,274.40	\$423,134	
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME ANI	D HOURLY	RATED E	MPLOYE		Rate of Pay*	
Employee Name	Hours	Account		Hourly <u>Rate</u>		rmanent Part-Timo mporary/Seasonal	
12776 Administrative Attorne	y Supplemental	=		Paid \$11,0	590 per year	PER 26 pays PER PER	
	-	-				PER	
•		-				PER	_
		_		*Sho	w rate of pay per m	onth, week, day, hour, e	etc.
Department Head/Elected Offici	al Name: David B. Scl	nilling					
Submitted By:	David B. Schillin	g			Date:	6/15/2021	r e 5 0 of 64

Legal Department	Fund & Location Number:	1000 - 0277	MONROE County, Indiana		
(Name of Office, Department, Board or Agency)	Fund Name:	County General			

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Title of Position or

STATEMENT OF SALARIES AND WAGES PROPOSED TO BE PAID OFFICERS AND EMPLOYEES CALENDAR YEAR 2022

PARKS & RECREATION	Fund & Location Number:			1000-	0803 1	VIONRUE County	, Indiana
(Name of Office, Department, Board or Agency)		Fund Name	e:	GENERAL FUND			
The following statement shows the salar depart		es proposed d or agency				f the above named	l office,
FULL TII	VIE SALAR	IED OFFIC	ERS AND	EMPLO	YEES		
Highlight CHANGES in Yellow			1 = FT	2022	all the Council Offic	ce before removing	a formula
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	<u>Hours</u>	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level
Financial Manager	35	10067	1	\$24.33	\$1,703.10	\$44,281	14
Office Manager	35	10068	1	\$19.94	\$1,395.80	\$36,291	3
Recreation Director - Youth & Adult	35	10310	1	\$24.33	\$1,703.10	\$44,281	14
Recreation Director Athletics	35	10311	1	\$24.33	\$1,703.10	\$44,281	14
Naturalist	35	10312	1	\$22.30	\$1,561.00	\$40,586	1
Assistant Parks Superintendent	35	10313	1	\$21.48	\$1,503.60	\$39,094	3
Parks Maintenance Technician	35	10314	1	\$20.64	\$1,444.80	\$37,565	14
Parks Maintenance Technician	35	10320	1	\$18.13	\$1,269.10	\$32,997	1
Parks Maintenance Technician	35	10330	1	\$19.81	\$1,386.70	\$36,054	3
Parks Superintendent	35	10340	1	\$25.12	\$1,758.40	\$45,718	8
Parks Maintenance Technician	35	10350	1	\$18.97	\$1,327.90	\$34,525	1
Assistant Director	35	14003	1	\$26.73	\$1,871.10	\$48,649	3
Director	35	15115	1	\$35.90	\$2,513.00	\$65,338	14
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
			13		\$21,140.70	\$549,658	

PART TIME AND HOURLY RATED EMPLOYEES

mployee Classification			Range or Rate of Pay*				
Employee Name		Account	Hourly <u>Rate</u>		ent Part-Time (PPT) or ery/Seasonal PT (TPT)		
Don Anderson	35	17801	\$15.00	PPT			
Brian Eads	35	17801	\$15.00	PPT			
Braiden Harper	35	17801	\$15.00	PPT			
Clayton Johnson	14	17801	\$15.00	PPT			
Patrick Doug Knowles	35	17801	\$15.00	PPT			
Tim Lawson	35	17801	\$15.00	PPT			
Ashley Oliver	35	17801	\$15.00	PPT			
JoEllen Taylor	7	17801	\$14.00	PPT			
James Drew Webster	35	17801	\$15.00	PPT			
Amber Weddle	35	17801	\$15.00	PPT			
Mark Lawson	7	17801	\$15.00	TPT			

PARKS & RECREATION	Fund & Location Number:	1000-0803	MONROE County, Indian		
(Name of Office, Department, Board or Agency)	Fund Name:	GENERAL	FUND		
17301 Board Members		Paid \$25 per meeting	PER person		
17801 Part-Time		Range: \$14.00 - \$15.00	PER Hourly		
-			PER		
-			PER		
	1	*Show rate of pay per	month, week, day, hour, etc.		
Department Head/Elected Official Name:	Kelli Witmer				
Submitted By: Ka	y Medley	Date:	6/1/2021		
NOTES:					

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Courts		Fund	& Location	Number:	1114-	0225	MONROE Coun	tv. Indiana
(Name of Office, Department, Board	or Agency)	Fund Name:				LIT- Special Pu		
The following statement sho			ges propose d or agency				f the above named	d office,
	FULL TIN	IE SALAF	RIED OFFI	CERS AND	EMPLOY	'EES		
Highlight CHANGES in Yellow			000000000	1 = FT		all the Council Offi	ce before removing	a formula
Title of Position or				STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification		Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level
Official Court Reporter (Spli	it)	35	14147	0.75	\$24.33	\$1,277.33	\$33,210	14
Associate Court Reporter (S		35	14171	0.75	\$20.36	\$1,068.90	\$27,791	8
Associate Court Reporter (S		35	14175	0.75	\$19.94	\$1,046.85	\$27,218	3
						\$0.00	\$0	
						\$0.00	\$0	
						\$0.00	\$0	
					11	\$0.00	\$0	
						\$0.00	\$0	
						\$0.00	\$0	
						\$0.00	\$0	
						\$0.00	\$0	
						\$0.00	\$0	
						\$0.00	\$0	1
						\$0.00	\$0	
						\$0.00	\$0	
					1	\$0.00	\$0	
						\$0.00	\$0	
				2.25	-	\$3,393.08	\$88,220	_
Title of Position or Employee Classification Employee Name		Hours	Account	E	Hourly <u>Rate</u>	Range or Ra	te of Pay* anent Part-Time (orary/Seasonal P	
17007 Judge 7			100			00 per year PE	-	-
17007 Judge 7 17100 Transcripts		=	urs	suant to Loc		AR15-0132 PE PE	R	-
			urs	suant to Loc	al Rule 53-	AR15-0132 PE	R R R	- - - -
	ial Name: <u>Lisa</u>	Abraham	Ξ	suant to Loc	al Rule 53-	AR15-0132 PE PE PE	R R R	

NO

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

Health	Fund	Fund & Location Number:			0000	MONROE County, Indian	
(Name of Office, Department, Board or Agency)		Fund Nam	e:		Heal	th	
The following statement shows the sal depa	aries and wag artment, boar					s of the above name	d office,
FULL 7	TIME SALAF	RIED OFFI	CERS AND	EMPLOY	YEES		
Highlight CHANGES in Yellow			1 = FT	2022	all the Council	Office before removin	g a formu
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salar	<u>Annual</u>	Leve
Financial Manager	35	10067	1	\$24.58	\$1,720.60	\$44,736	3
Health Commissioner	35	10101	1	\$13.70	\$959.00	\$24,934	so
Administrator	35	10102	1	\$35.90	\$2,513.00	\$65,338	14
Registrar	35	10103	1	\$17.77	\$1,243.90	\$32,341	1
Assistant Vital Statistics Reg	35	10104	1	\$16.67	\$1,166.90	\$30,339	1
Assistant Vital Statistics Reg	35	10105	1	\$16.67	\$1,166.90	\$30,339	1
Waste Water Sanitarian	35	10109	1	\$22.30	\$1,561.00	\$40,586	1
Waste Water Sanitarian	35	10110	1	\$24.58	\$1,720.60	\$44,736	3
Environ Health Specialist	35	10111	1	\$22.30	\$1,561.00	\$40,586	1
Health Ed/Gen Sanitarian	35	10112	1	\$25.12	\$1,758.40	\$45,718	8
Food Sanitarian	35	10113	1	\$23.32	\$1,632.40	\$42,442	3
Food Sanitarian	35	10114	1	\$22.30 \$24.58	\$1,561.00	\$40,586	3
Chief Food Sanitarian	35	10116	1	\$25,66	\$1,720.60 \$1,796.20	\$44,736	14
Sr. Environ Health Specialist Public Health Coordinator	35	10117	1	\$23.32	\$1,796.20	\$46,701 \$42,442	3
Health Education/Harm Reduction	35	10113	1	323,3Z	\$0.00	\$42,442	3
Environ Health Specialist/Temprary	35	10121	1	\$22.30	\$1,561.00	\$40,586	1
Environ nearth specialisty rempially	33	10101		VZZ.30	\$0.00	\$0	-
				3	\$0.00	\$0	
				7 page 11	\$0.00	\$0	
			17		\$20,285.30	\$527,418	
PART	TIME AND	HOURLY	RATED EN	MPLOYEE	S		
Title of Position or	1225-570-5	112.2700					
Employee Classification					Range or	Rate of Pay*	
Employee Name	Hours	Account		Hourly	De	ermanent Part-Time	(DDT) or
стрючее мате	Hours	Account		Rate		emporary/Seasonal I	
Ashley, Berquist	15	17801	1	\$14.00		PPT	
Lynnette Murphy	12	17801		\$14.00	1	PPT	
Linnea Hubbard	8	17801		\$14.00		TPT	
vacant education		2,002		THE 1100			
17301 Board Members				Paid \$4	100 per year	PER person	
17801 Part-Time		_	F		00 - \$25.00	PER Hourly	-
					-	PER	
						PER	
				*Sho	w rate of pay per m	onth, week, day, hour, etc	
ika antara yang alahan alahan dara							
Department Head/Elected Official Name:	Penny Caudil	[] —					41
and the second							
Submitted By: Jamie F	lartnett-Russ	ell		ı	Date:	6/7/2021	÷

Health	Fund	Fund & Location Number:			0000	MONROE County, Indiana		
(Name of Office, Department, Board of	Agency)	Fund Nam	e:		Local Health Ma	Naintenance		
The following statement show	vs the salaries and wag department, boar					of the above named	d office,	
	FULL TIME SALAF	RIED OFFIC	ERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow			1 = FT			fice before removing	a a formul	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level	
			V		\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
		1			\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			4		\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			-		\$0.00	\$0		
		_			\$0.00	\$0	-	
			0		\$0.00 \$0.00	\$0 \$0		
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME AND	HOUKLY	KATED EI	VIPLOYEE		Rate of Pay*		
Employee Name	Hours	Account		Hourly	Peri	manent Part-Time	(PPT) or	
				Rate	Ten	porary/Seasonal F	T (TPT)	
Pat Cullins	18	17801		\$14.00		PT		
Kate McClory	25	17801		\$14.00	P	PT		
17801 Part-Time			F	Range: \$14.	00 - \$20.00 F	PER Hourly		
		-				PER	_	
*					F	PER	-	
		_			F	PER		
					F	PER	3	
Department Head/Elected Officia	al Name: Penny Caudil	I .		*Shov	w rate of pay per mon	ith, week, day, hour, etc		
							27	
Submitted By:	Jamle Hartnett-Russ	ell		r	Date:	6/7/2021	4	
OTES:							=	

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

Health	Fund	Fund & Location Number:			0000	MONROE County, Indiana	
(Name of Office, Department, Board o	r Agency)	Fund Nam	e:	Lo	cal Health Dept T	Trust Account	
The following statement show	ws the salaries and wa department, boa		the state of the s		and the second s	of the above named	office,
	FULL TIME SALA	RIED OFFIC	ERS AND	EMPLOY	YEES		
Highlight CHANGES in Yellow		The State	1 = FT		1000	fice before removing	a formula
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level
Tobacco Health Educator	35	10360	0.946	\$22.05	\$1,460.15	\$37,964	3
		-			\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	MER
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	1
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	1
					\$0.00	\$0	
					\$0.00	\$0	
			0.946		\$1,460.15	\$37,964	
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME AND	HOURLY	RATED EI	MPLOYEE		Rate of Pay*	
Employee Name	Hours	Account		Hourly <u>Rate</u>		manent Part-Time nporary/Seasonal P	
						PER	
*		_				PER	70
*						PER	
-		_				PER	7
						PER	
Department Head/Elected Offic	ial Name: <u>Penny Caud</u>	ill		*Sho	w rate of pay per mo	nth, week, day, hour, etc	
Submitted By:	Jamie Hartnett-Rus	sell			Date:	6/7/2021	

NOTES:

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

	Fur	nd & Location Fund Nam	Number:	8102	_	MONROE Co	ounty, Indian
(Name of Office, Department, Board of	r Agency)	Fund Nam	e:	-			_
The following statement sho			d to be pai	d to officer	and amployee	c of the above na	med office
The following statement sno	ws the salaries and w department, bo	ages proposed	during the	calendar v	ear 2022.	s of the above had	med office,
	department, bo	ara or agency	duting the	- datation 7	ddi Lonni		
	FULL TIME SAL	ARIED OFFI	CERS ANI	D EMPLO	YEES		
Highlight CHANGES in Yellow			1 = FT	2022	all the Council	Office before remo	ving a form
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX	. 202
Employee Classification	Hour	Account	<u>s</u>	Rate	Weekly Salar	y <u>Annual</u>	Leve
MRC Coordinator	35	10057	1		\$0.00	\$0	3
					\$0.00	\$0	
					\$0.00	\$0	_
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	_
					\$0.00	\$0	
					\$0.00	\$0	_
					\$0.00	\$0	
			3		\$0.00	\$0	
					\$0.00	\$0	
					\$0.00	\$0	_
					\$0.00	\$0	
			4		\$0.00	\$0	
		1			\$0.00	\$0	
					\$0.00 \$0.00	\$0 \$0	
					\$0.00	= ====	_
	PART TIME AN	ID HOURIY	RATED F	MPLOYE	FS		
THE SO-W	TAIL HIVE A	ID HOOKE	11/11/20	2012			
Title of Position or					Range o	r Rate of Pay*	
Employee Classification					nunga a	Thate of Tay	
Employee Name	Hours	Account		Hourly	P	ermanent Part-Ti	ime (PPT) o
Linployee Name	110413	Hoodaire		Rate		emporary/Season	
					F		Sel branch
-				100			
·							
					_		
17801 Part-Time Hourly			- 1	Range: \$14	1.00 - \$20.00	PER Hour	ly
*						PER	
						PER	
						PER	
		_				PER	
				*Sh	ow rate of pay per i	month, week, day, hou	ur, etc.
Department Head/Elected Offi	cial Name:						
Submitted By:					Date:		
2 CHAINGE ST 7 1							

NOTES:

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

Health	Fun	Fund & Location Number:			9622	MONROE County, Indiana		
(Name of Office, Department, Board or	Agency)	Fund Nam	e:	Public	Health Emerger	ency Preparedness		
The following statement show	s the salaries and wa department, boa					of the above named	office,	
	FULL TIME SALA	RIED OFFIC	ERS AND	EMPLOY	/EES			
Highlight CHANGES in Yellow	TOLL THE DILL	IIIII OTTI	1=FT			Office before removing	a formula	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	S	Rate	Weekly Salary		Level	
MRC Coordinator	35	10057	0.054	\$22.05	\$82.58	\$2,147	3	
Time designator				- North Control	\$0.00	\$0		
		-			\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	1				\$0.00	\$0		
					\$0.00	\$0	1000	
				3 = [\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			2		\$0.00	\$0		
			1		\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	0.00				\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			0.054		\$82.58	\$2,147		
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME ANI	D HOURLY	RATED EI	MPLOYEE		Rate of Pay*		
Employee Name	Hours	Account		Hourly Rate		rmanent Part-Time (mporary/Seasonal P		
Emily Kinnarney	20	17801	i i	\$15.00		PPT PPT	1 (11-1)	
17801 Part-Time Hourly			R	lange: \$14	.00 - \$20.00	PER Hourly		
17801 Part-Time Hourly			R	lange: \$14	.00 - \$20.00	PER Hourly	-	
17801 Part-Time Hourly			R	lange: \$14				
17801 Part-Time Hourly			R	lange: \$14		PER	-	
17801 Part-Time Hourly			R	lange: \$14		PER PER	_	
	ıl Name: Penny Caud	=	R			PER PER PER	-	
17801 Part-Time Hourly Department Head/Elected Officia			R	*Sho		PER PER PER		

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly employees needs not be included in this statement, only the range.

Health (Name of Office, Department, Board of		Fund & Location Number: Fund Name:			9622	MONROE County, Ind		
(Name of Office, Department, Board C	or Agency)	runa ivam	e:		Futures C	imic		
The following statement sho	ws the salaries and wa	ges propose	d to be paid	to officers	and employees	of the above named	office,	
man described a second section	department, boa						10.000	
	FILL TIME CALA	DIED OFFI	CEDC AND	- FNADLON	rrc			
THE LANGE CONTRACTOR OF THE PARTY OF THE PAR	FULL TIME SALA	KIED OFFIC			22.00	· · · · · · · · · · · · · · · · · · ·		
Highlight CHANGES in Yellow Title of Position or			1 = FT		Rate of Bi-	ffice before removing		
	Hausa	Assount	STATU	Hourly		APPROX.	2022	
Employee Classification Nurse Practitioner	Hours 35	Account 10071	<u>s</u>	<u>Rate</u> \$43.57	Weekly Salary \$3,049.90		Leve	
Clinic Manager	35	10187	1	\$19.94	\$1,395.80	\$79,297 \$36,291	3	
LPN	35	10188	1	\$23.00	\$1,610.00	\$41,860	14	
Lili	35	10100		725.00	\$0.00	\$0	14	
		-			\$0.00	\$0	-	
					\$0.00	\$0	-	
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			3	-	\$6,055.70	\$157,448		
	PART TIME AND	LOUBLY	DATED E	VIDLOVEE	c			
waste Commission	PART TIME AND	HOURLY	KAIEDEI	VIPLOTEE	3			
Title of Position or					Davida au l	Data of David		
Employee Classification					Range or I	Rate of Pay*		
Employee Name	Hours	Account		Hourly	Per	manent Part-Time ((PPT) or	
				Rate	Ten	nporary/Seasonal P	T (TPT)	
Timothy Scott Stowers	7.5	17801		\$20.25		PPT		
Aubrey Seader	21	17801		\$14.50	P	PPT		
-					D			
				1				
10071 Nurse Practitioner					and the same of th	PER Hourly	_	
17801 Part-Time		_	R	ange: \$14.		PER Hourly	_	
·		-				PER	-	
*		-		Ant		PER	+5	
				*Snov	v rate of pay per moi	nth, week, day, hour, etc.		
Department Head/Elected Offici	al Name: Penny Caudi	11						
Submitted By:	Jamie Hartnett-Russ	ell		D	ate:	6/7/2021		
OTES:							-	

- (1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.
- (2) The number and salaries to be paid for full-time officers and employees must be fixed by the County Council. The rates of pay for part-time and hourly employees shall likewise be fixed by the County Council but the number to be employed is limited only by the funds appropriated therefore; thus the amount to be request in the budget for part-time and hourly

Health	Fund	Fund & Location Number:		8149-9622		MONROE County, Indiana		
(Name of Office, Department, Board of	or Agency)	Fund Nam	e:		Futures Tit	e V		
The following statement sho	ws the salaries and wag department, boar					of the above named	l office,	
	FULL TIME SALAR	IED OFFIC	CERS AND	EMPLO	YEES			
Highlight CHANGES in Yellow			1 = FT	2022	all the Council Off	fice before removing	a formula	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary	Annual	Level	
Nurse Practitioner	35	10071	1	\$43.57	\$3,049.90	\$79,297	so	
Clinic Manager	35	10187	1	\$19.94	\$1,395.80	\$36,291	3	
LPN	35	10188	1	\$23.00	\$1,610.00	\$41,860	14	
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	1				\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	-		3		\$6,055.70	\$157,448		
<u>Title of Position or</u> <u>Employee Classification</u>	PART TIME AND	HOURLY	rated en	MPLOYEE		ate of Pay*		
Employee Name	<u>Hours</u>	Account		Hourly		nanent Part-Time		
	[25]	47004	1	Rate		porary/Seasonal P	T (TPT)	
Timothy Scott Stowers	7.5	17801	1	\$20.25	PI			
Aubrey Seader	21	17801		\$14.50	PF	71		
10071 Nurse Practitioner			1	Range: \$14	.00 - \$50.00 P	ER Hourly		
17801 Part-Time			R	ange: \$14.	.00 - \$22.00 P	ER Hourly		
					P	ER	2	
					P	ER		
Department Head/Elected Offici	ial Name: Penny Caudil			*Sha	w rate of pay per mon	th, week, day, hour, etc		
	_ =====================================						7	
Submitted By:	Jamle Hartnett-Russe	ell		1	Date: 6	7/2021	-	
OTES:	to the Auditor's Office	by HIME 1	/ 2021 E	or oach Eur	ad under your sut	harity as disastian	=	

(Name of Office, Department, Board		Fund & Location Number:		8150-9622 TANF Fut		MONROE County, Indian	
The following statement sho		ges proposed	I to be paid		and employees		l office,
	FULL TIME SALA	RIED OFFIC	ERS AND	EMPLOY	'EES		
Highlight CHANGES in Yellow			1 = FT			ffice before removing	a formul
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022
Employee Classification	Hours	Account	S	Rate	Weekly Salary		Level
Nurse Practitioner	35	10071	1	\$43.57	\$3,049.90	\$79,297	SO
Clinic Manager	35	10187	1	\$19.94	\$1,395.80	\$36,291	3
LPN	35	10188	1	\$23.00	\$1,610.00	\$41,860	14
		20200		φ <u>ε</u> 5.00	\$0.00	\$0	2.7
					\$0.00	\$0	
				-	\$0.00	\$0	
					\$0.00	\$0	
	1				\$0.00	\$0	-
					\$0.00	\$0	-
	-			-	\$0.00	\$0	-
			-		\$0.00	\$0	-
					\$0.00	\$0	
					\$0.00	\$0	
		1			\$0.00	\$0	-
	1		-	-	\$0.00	\$0	
		4			\$0.00	\$0	
	1						
			3		\$0.00 \$0.00 \$6,055.70	\$0 \$157,448	
<u>Title of Position or</u> <u>Employee Classification</u> Employee Name	PART TIME AN	D HOURLY		Hourly	\$0.00 \$6,055.70 S Range or	\$0 \$157,448 Rate of Pay*	
Employee Classification Employee Name	Hours	Account		Hourly <u>Rate</u>	\$0.00 \$6,055.70 S Range or Per Ten	\$0 \$157,448 Rate of Pay* manent Part-Time	33 3 5 5 5 5 5
Employee Classification Employee Name Timothy Scott Stowers	<u>Hours</u> 7.5	Account		Hourly Rate \$20,25	\$0.00 \$6,055.70 S Range or Per Ten	\$0 \$157,448 Rate of Pay* rmanent Part-Time mporary/Seasonal F	33 3 5 5 5 5 5
Employee Classification Employee Name	Hours	Account		Hourly <u>Rate</u>	\$0.00 \$6,055.70 S Range or Per Ten	\$0 \$157,448 Rate of Pay* manent Part-Time	
Employee Classification Employee Name Timothy Scott Stowers	<u>Hours</u> 7.5	Account	RATED EF	Hourly <u>Rate</u> \$20.25 \$14.50	\$0.00 \$6,055.70 S Range or Per Ten	\$0 \$157,448 Rate of Pay* rmanent Part-Time nporary/Seasonal F	33 3 5 5 5 5 5
Employee Classification Employee Name Timothy Scott Stowers Aubrey Seader	<u>Hours</u> 7.5	Account	RATED EF	Hourly Rate \$20.25 \$14.50	\$0.00 \$6,055.70 S Range or Ten F F F .00 - \$50.00	\$0 \$157,448 Rate of Pay* rmanent Part-Time nporary/Seasonal F	33 3 5 5 5 5 5
Employee Classification Employee Name Timothy Scott Stowers Aubrey Seader 10071 Nurse Practitioner	<u>Hours</u> 7.5	Account	RATED EF	Hourly Rate \$20.25 \$14.50	\$0.00 \$6,055.70 S Range or Ferror Fe	\$0 \$157,448 Rate of Pay* rmanent Part-Time mporary/Seasonal F PT PT PT PET Hourly	
Employee Classification Employee Name Timothy Scott Stowers Aubrey Seader 10071 Nurse Practitioner	<u>Hours</u> 7.5	Account	RATED EF	Hourly Rate \$20.25 \$14.50	\$0.00 \$6,055.70 S Range or Per Ten F F .00 - \$50.00 00 - \$22.00	\$0 \$157,448 Rate of Pay* rmanent Part-Time mporary/Seasonal F PPT PPT PPT PPT PPR Hourly PER Hourly	
Employee Classification Employee Name Timothy Scott Stowers Aubrey Seader 10071 Nurse Practitioner	<u>Hours</u> 7.5	Account	RATED EF	Hourly Rate \$20.25 \$14.50	\$0.00 \$6,055.70 S Range or Per Ten F F .00 - \$50.00 00 - \$22.00	\$0 \$157,448 Rate of Pay* rmanent Part-Time mporary/Seasonal F PPT PPT PER Hourly PER Hourly PER	
Employee Classification Employee Name Timothy Scott Stowers Aubrey Seader 10071 Nurse Practitioner 17801 Part-Time	7.5 21	17801 17801	RATED EF	Hourly Rate \$20.25 \$14.50 Range: \$14 ange: \$14	\$0.00 \$6,055.70 S Range or Per Ten F F .00 - \$50.00 00 - \$22.00	\$0 \$157,448 Rate of Pay* rmanent Part-Time mporary/Seasonal F PPT PPT PPR Hourly PER PER PER PER	T (TPT)
Employee Classification Employee Name Timothy Scott Stowers Aubrey Seader 10071 Nurse Practitioner	rclal Name: Penny Cauc	17801 17801	RATED EF	Hourly Rate \$20.25 \$14.50 Range: \$14 ange: \$14	\$0.00 \$6,055.70 S Range or Per Ten F F .00 - \$50.00 00 - \$22.00	\$0 \$157,448 Rate of Pay* rmanent Part-Time mporary/Seasonal F PPT PPT PPR Hourly PER PER PER PER PER	T (TPT)

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

Health	Fund	Fund & Location Number:			9622	MONROE County, Indian		
(Name of Office, Department, Board or Agency)		Fund Name	e:		Harm Redu	iction		
The following statement shows the sal	aries and wag artment, boar	es proposed d or agency	l to be paid during the	l to officers calendar y	and employees ear 2022.	of the above named	d office,	
FULL 7	TIME SALAR	IED OFFIC	ERS AND	EMPLOY	'EES			
Highlight CHANGES in Yellow			1 = FT			ffice before removing	a formul	
Title of Position or			STATU	Hourly	Rate of Bi-	APPROX.	2022	
Employee Classification	Hours	Account	<u>s</u>	Rate	Weekly Salary		Level	
Health Education/Harm Reduction	35	10121	1	\$22.05	\$1,543.50	\$40,131	3	
					\$0.00	\$0		
					\$0.00	\$0		
				2	\$0.00	\$0		
	V.				\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
			1		\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
					\$0.00	\$0		
	1	7		1	\$0.00	\$0	1	
				1	\$0.00	\$0		
					\$0.00	\$0		
		·	1		\$1,543.50	\$40,131		
<u>Title of Position or</u> <u>Employee Classification</u>	TIME AND					Rate of Pay*		
Employee Name	Hours	Account		Hourly <u>Rate</u>		manent Part-Time nporary/Seasonal F		
17801 Part-Time	-	/-		Range; \$14		PER Hourly	2	
		Ξ				PER PER	-	
0	,	-		*Show		nth, week, day, hour, etc		
Department Head/Elected Official Name:	Penny Caudill						-	
Submitted By: Jamie H	lartnett-Russe	ell		г	Pate:	6/7/2021		
OTES:							-	

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.

Func	Fund & Location Number:						
cy)	Fund Name	e:	DIS Interv - STD				
					of the above named	office,	
LL TIME SALA	RIED OFFIC	CERS AND	EMPLO	YEES			
		1 = FT			ffice before removing	a formula	
						2022	
Hours	Account					Level	
						3	
			_			3 1	
1.5				\$0.00	\$0	7, 30	
				\$0.00	\$0		
				\$0.00	\$0		
				\$0.00	\$0		
				\$0.00	\$0		
				\$0.00	\$0		
				\$0.00			
				\$0.00			
		7. 1					
7/2							
ART TIME AND	HOURLY	KATED EN	MPLOYEE		Rate of Pay*		
<u>Hours</u>	Account		Hourly				
20	17801		\$15.00			Т (ТРТ)	
-				1			
		I	literal.				
		Ra	ange: \$14.	.00 - \$20.00	PER Hourly		
	-	Ra	ange: \$14.		PER Hourly	-	
	=	Ra	ange: \$14.			-	
	2	Ra	ange: \$14.		PER	-	
	Hours ART TIME AND	Hours Account ART TIME AND HOURLY Hours Account ART	ART TIME AND HOURLY RATED EN	ART TIME AND HOURLY RATED EMPLOYER Hours Account 2 ART TIME ACCOUNT	Comparison Com	LL TIME SALARIED OFFICERS AND EMPLOYEES Tark	

(1) Please complete and return to the Auditor's Office by JUNE 14, 2021 for each Fund under your authority or direction.