

**MODOC COUNTY BOARD OF SUPERVISORS  
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: **June 23, 2020**  
Name of Requesting Party or Entity: **Stacy Sphar, Health Services**

Regular or Consent: **Regular**

Kind of Action Requested: **Consideration/Action**

Describe Specific Action Requested or Information to be Discussed:

**Requesting permission to promote from within one (1) Supervising PHN, Range 350: Step-F+10%; \$7,874.00 monthly to Public Health Branch Director, Range 358: Step-F+16%; \$8,701.00 monthly, effective June 23, 2020.**

This position was posted as per the guidelines for in-county posting. There was only one applicant. The interview committee supported unanimously offering the position to the applicant as they were extremely qualified. We are recommending the promotion at Range 358 Step F +16% (roughly 10%) due increase in workload and responsibilities and the employees ongoing positive contribution to the Health Services Department and County.

**Budget Affected: No**

Clerk's Instructions:  
Certified Copies Needed: No  
Minutes Orders Needed: 2

Date Submitted: 6/17/2020

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Agenda Item Number:5.a