



Discussion of Lea County's Employee Compensation and Benefits



**LEA COUNTY BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY FORM**

LCBCC Meeting Date: Thursday, November 4, 2021

Submit this summary form & all attachments to the Finance Director clow@leacounty.net & cc the Executive Coordinator sstout@leacounty.net by: **Thursday, October 21, 2021**

County Manager Approval mgallagher@leacounty.net required for all time sensitive issues that do not meet the above deadline.

DATE SUBMITTED mm-dd-yyyy:	SUBMITTED BY Name, Title, Dept: Michael Gallagher, County Manager
SUBJECT: Lea County's Employee Compensation & Benefits	ATTACHMENT(S): N/A
NO. OF ORIGINALS FOR SIGNATURE: N/A	ACTION REQUESTED: Discussion Item
BUDGET LINE ITEM NUMBER: N/A	FISCAL BUDGET YEAR: N/A

STRATEGIC PLAN Implementation of 5 Year Strategic Plan:
Section 2.3: Continuous communication with the public is beneficial and necessary.

SUMMARY:
Discussion of Lea County's Employee Compensation & Benefits

Requested Items Needed for Presentation Easels/Laptop/Projector/Etc.: Easel <input type="checkbox"/> Laptop <input checked="" type="checkbox"/> Projector <input checked="" type="checkbox"/> Other: _____ <small>If checked, how many:</small>	See Additional Summary Attached <input type="checkbox"/>
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SUBMITTER'S RECOMMENDATION(S): Discussion Only	Submitter's Signature Department Director, Etc. 
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FINANCE REVIEW Fiscal Impact/Cost:	Reviewed by Finance Director
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LEGAL REVIEW: (Note: Travel does not need legal review)	Reviewed by County Attorney
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COUNTY MANAGER REVIEW:	Approved by County Manager to be Placed on Agenda 
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Item No. <u>0301</u>		
RECORDING SECRETARY'S USE ONLY ~ COMMISSION ACTION TAKEN		
Approved: _____	Denied: _____	Other: <u>Discussion</u>
Resolution No. _____	Policy No. _____	Ordinance No. _____
Continued To: _____	Referred To: _____	Comments: _____