

Resolution: 11-1

Annual Salary Resolution for Supervisor of Assessments of Sangamon County

Whereas, Sangamon County by statute is required to follow State of Illinois guidelines to receive salary reimbursements for certain officials, and

Whereas, per the attached form from the Illinois Department of Revenue, the Sangamon County Supervisor of Assessments salary effective December 1, 2023 through November 30th, 2024 will be:

<u>\$117,200.40</u>	<u>\$9,766.70</u>	<u>\$4,507.71</u>	<u>\$60.10</u>
Annual	Monthly	Bi-weekly	Hourly

Therefore; the Sangamon County Board in session on January 16th, 2024 approves the aforementioned salaries for the aforementioned officials effective on December 1. The Sangamon County Board also authorizes the required County official to complete reimbursement request to obtain reimbursement for the aforementioned salaries.

Approved by the Finance Committee on January 16, 2024

Finance Committee Chairman

ATTEST:

Chariman, Sangamon County Board

County Clerk

FILED
JAN 11 2024
Don J. Hays
Sangamon County Clerk



Illinois Department of Revenue

PTAX-451

**Supervisor of Assessments or
Public Defender Salary Adjustment**

PROPERTY TAX DIVISION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19033
SPRINGFIELD IL 62794-9033

Step 1: Complete the following information

- 1 County Sangamon
- 2 Date of county board action 01 / 16 / 2024
Month Day Year
- 3 Annual salary \$ 117,200.40
- 4 Effective date of salary increase or decrease 11 / 30 / 2024
Month Day Year
- 5 Check which certified copy you are attaching
 - the resolution
 - minutes of the meeting at which the county board approved the change in the annual salary for the office of supervisor of assessments or public defender.

Step 2: Complete the following information

- 6 Check who is receiving the salary adjustment
 - supervisor of assessments
 - OR**
 - public defender
 - full-time
 - part-time
- 7 Social Security number _____ - _____ - _____
- 8 Byron Deaner
Name
Sangamon County
Address
200 South 9th St. Room 210
Address
Springfield IL 62701
City State ZIP

Step 3: Sign below

I certify that the information on this form is true and correct to the best of my knowledge.

Signature of the chairman of the board / /
Month Day Year

State of Illinois }
 }
_____ County }

I, _____, County Clerk in and for the county of _____
_____ and keeper of the records and seal, do hereby

certify that the above is true and correct.

Signature of county clerk / /
Month Day Year