

Resolution: 18-1

### 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, 2024 through November 30th, 2025 will be:

<u>\$121,902.59</u>	<u>\$10,158.55</u>	<u>\$4,688.56</u>	<u>\$62.51</u>
Annual	Monthly	Bi-weekly	Hourly

Therefore; the Sangamon County Board in session on January 13th, 2025 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 13, 2025

\_\_\_\_\_  
Finance Committee Chairman

ATTEST:

\_\_\_\_\_  
Chariman, Sangamon County Board

\_\_\_\_\_  
County Clerk

**RECEIVED**  
2660  
JAN 10 2025  
Andy Goleman  
SANGAMON COUNTY AUDITOR

**FILED**  
JAN 10 2025  
*Don Hayes*  
Sangamon County Clerk



Salary Adjustment for Supervisor of Assessments, Public Defender, or Sheriff

18-2

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

Email: Rev.PropertyTax@illinois.gov
Fax: 217 782-9932

Step 1: Complete the following information

- 1 County Sangamon
2 Date of county board action 01 / 13 / 2025
3 Annual salary \$ 121,902.59
4 Effective date of salary increase or decrease 12 / 01 / 2024
5 Check which certified copy you are attaching
[X] 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, public defender, or sheriff
[ ] a statement that is on county letterhead, is signed by the county board chair, and outlines the changes

Step 2: Complete the following information

- 6 Check who is receiving the change
[X] supervisor of assessments
[ ] public defender (select full-time or part-time below)
[ ] full-time [ ] part-time
[ ] sheriff
7 Social Security number of the individual seeking salary reimbursement or with a change in salary
8 Name and address of the individual seeking salary reimbursement or with a change in salary
Byron Deaner
Sangamon County
200 South 9th Street
Springfield IL 62701

Step 3: Sign below

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

9 County Board Chair signature

Signature of the county board chair Printed name of the county board chair Month / Day / Year

10 County Clerk statement and signature

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 the county clerk Month / Day / Year

Do not write below this line

This form is authorized in accordance with 35 ILCS 200/1-1 et seq. Disclosure of this information is REQUIRED.

Official use only:

Reason for submission

- [ ] change in personnel
[ ] salary adjustment

Documentation received

- [ ] resolution
[ ] minutes
[ ] signed statement

Received by

Initials: Month / Day / Year