

Judicial Council of California

Schedule 7A

Certification

2019-20

Court: Superior Court - Humboldt

CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, that the information stated in the Schedule 7A fairly presents the salary, benefits, and FTE of each authorized position, as of July 1, 2019, in accordance with the reporting requirements adopted by the Judicial Council pursuant to authority granted by Government Code section 77206.



Signature of Presiding Judge or Executive Officer

Judicial Council of California

Trial Court Funding Act of 1997

Salary and Position Worksheet
Transmittal and Submission
2019-20

SCHEDULE 7A

Court System: Superior Court - Humboldt
County Number _____
(for JCC staff
use): 12

The Court Budget Unit of the Judicial Council Budget Services office will perform a general overall compliance review of the attached Schedule 7A from your court. The Schedule 7A will then be processed by macros that will compute the total salary and benefits for each position based upon the salary and benefit information contained within the attached spreadsheets. The macros will compute and sort the salary and benefits by Program, Element, Component, and Task (PECT). This information will be downloaded into a database and uploaded into a Budget Upload Template for your court.

In the event that questions arise regarding the information listed on your court's Schedule 7A, please provide the court contact information requested below.

For General Questions: [Regarding Schedule 7A]

Court Contact: Drew Lund
Contact's Phone: 707-269-1260
E-mail Address: alund@humboldtcourt.ca.gov

For Specific Questions: [Regarding Positions, Salary or PECT Numbers]

Schedule 7A Prepared By: Drew Lund
Preparer's Phone: 707-269-1260
E-mail Address: alund@humboldtcourt.ca.gov

Schedule 7A 2019-20

Superior Court - Humboldt

Comments Worksheet	
Schedule 7A Worksheet	
	Example: Types of differential pay (e.g., locality, bilingual, etc.) included in annual salaries.
1	
2	
3	
4	
Benefits Worksheets	
	Example: Retirement contributions include pension obligation bonds or certificates of participation.
1	
2	
3	
4	
Base Salary Adjustment Worksheet	
	Example: Dates of negotiated salary increases and salary increases that will come into effect after July 1, 2019.
1	
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General comments	
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2019-20

Superior Court - Humboldt

Summary of Salary & Benefit Budgets for All Authorized Positions	2019-20
Salary	\$ 4,708,953.28
OASDI & Medicare	\$ 355,723.49
Retirement	\$ 1,295,845.61
Deferred Compensation	\$ -
Workers' Compensation	\$ 163,505.00
Health Insurance	\$ 910,893.88
Other Insurance	\$ 6,973.09
Other Benefits (Salary Driven and Non Salary Driven)	\$ 72,088.15
Total Salary and Benefit Budget	\$ 7,513,982.49

Schedule 7A: Salary and Position Worksheet
2019-20

Superior Court - Humboldt
Superior Court - Humboldt
12

Table with columns A through Q: Position Classification, Model Class #, Manager, Supervisor or Other, Employee Org Row #, Facility Code Row #, Position Status - Filled (1) or Vacant (0), Retirement Plan Code Row #, Position (FTE), Annual Salary, Beginning Step (Monthly), Last Step (Monthly), Fund, Cost Center, WBS Element, Functional Area (PECT), Total Salary (Col. 1 x J).

Superior Court - Humboldt

Facility Table

A	B	C
Facility Row #	Facility Code Number	Facility Name
1	1	Humboldt County Courthouse (825 5th St., Eureka)

Retirement Table

A	B	C	D	E	F
Retirement Row #	Retirement Plan Code Number	Retirement Plan Name	Employer's Retirement Contribution Percentage	Employee Retirement Contribution Percentage Paid by Court	Total Court Contribution Rate (D + E)
1	103 - A	CalPERS Miscellaneous - Normal & UAL Costs	27.781%	0.000%	27.781%
2	103 - B	CalPERS Miscellaneous - Normal & UAL Costs	27.781%	0.000%	27.781%
3	PEPRA	CalPERS Miscellaneous - Normal & UAL Costs	27.781%	0.000%	27.781%
4	Extra-Help	Extra-Help staff not participating in Retirement	0.000%	0.000%	0.000%
5			0.000%	0.000%	0.000%
6			0.000%	0.000%	0.000%
7			0.000%	0.000%	0.000%
8			0.000%	0.000%	0.000%
9			0.000%	0.000%	0.000%
10			0.000%	0.000%	0.000%
11			0.000%	0.000%	0.000%
12			0.000%	0.000%	0.000%
13			0.000%	0.000%	0.000%
14			0.000%	0.000%	0.000%
15			0.000%	0.000%	0.000%
16			0.000%	0.000%	0.000%
17			0.000%	0.000%	0.000%
18			0.000%	0.000%	0.000%
19			0.000%	0.000%	0.000%
20			0.000%	0.000%	0.000%

Superior Court - Humboldt

Base Salary Adjustment Table

A	B	C	D	E	F	G	H	I
Row #	Employee Organizational Unit Name	Employee Org Row	Will Receive a Base Salary Adjustment this Fiscal Year? ("Yes", "No", or "Don't Know")	If "Yes" in Column D, Effective Date?	If "Yes" in Column D, Adjustment Type	If "Other" in Column F, Please Explain the Type of Adjustment	If "Don't Know" in Column D, On What Date Will Court Know If an Adjustment Will Be Made?	If "Yes" in Column D, Salary Adjustment %
1	Represented Staff (Emp. Only)	1						0.00%
2	Represented Staff (Emp. + 1 Dep.)	2						0.00%
3	Represented Staff (Emp. + >1 Dep.)	3						0.00%
4	Represented Staff (Declined Med.Ins.)	4						0.00%
5	Represented Staff (Emp. Only) (Declined Vision)	5						0.00%
6	Represented Staff (Emp. + 1) (Declined Vision)	6						0.00%
7	Represented Staff (Emp. + >1) (Declined Vision)	7						0.00%
8	Represented Staff (Declined Medical) (Declined Vision)	8						0.00%
9	Represented Staff (Emp. Only) (Declined Dental)	9						0.00%
10	Represented Staff (Emp. + 1) (Declined Dental)	10						0.00%
11	Represented Staff (Emp. + >1) (Declined Dental)	11						0.00%
12	Represented Staff (Declined Medical) (Declined Dental)	12						0.00%
13	Represented Staff (Emp. Only) (Declined Vision) (Declined Dental)	13						0.00%
14	Represented Staff (Emp. + 1) (Declined Vision) (Declined Dental)	14						0.00%
15	Represented Staff (Emp. + >1) (Declined Vision) (Declined Dental)	15						0.00%

Superior Court - Humboldt

Base Salary Adjustment Table

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16	Represented Staff (Declined Medical) (Declined Vision) (Declined Dental)	16						0.00%
17	M/C/P (Emp. Only)	17						0.00%
18	M/C/P Staff (Emp. + 1 Dep.)	18						0.00%
19	M/C/P Staff (Emp. + >1 Dep.)	19						0.00%
20	M/C/P Staff (Declined Med.Ins.)	20						0.00%
21	M/C/P (Emp. Only) (Declined Vision)	21						0.00%
22	M/C/P (Emp. + 1) (Declined Vision)	22						0.00%
23	M/C/P (Emp. + >1) (Declined Vision)	23						0.00%
24	M/C/P (Declined Medical) (Declined Vision)	24						0.00%
25	M/C/P (Emp. Only) (Declined Dental)	25						0.00%
26	M/C/P (Emp. + 1) (Declined Dental)	26						0.00%
27	M/C/P (Emp. + >1) (Declined Dental)	27						0.00%
28	M/C/P (Declined Medical) (Declined Dental)	28						0.00%
29	M/C/P (Emp. Only) (Declined Vision) (Declined Dental)	29						0.00%
30	M/C/P (Emp. + 1) (Declined Vision) (Declined Dental)	30						0.00%
31	M/C/P (Emp. + >1) (Declined Vision) (Declined Dental)	31						0.00%
32	M/C/P (Declined Medical) (Declined Vision) (Declined Dental)	32						0.00%

Superior Court - Humboldt

Base Salary Adjustment Table

A	B	C	D	E	F	G	H	I
Row #	Employee Organizational Unit Name	Employee Org Row	Will Receive a Base Salary Adjustment this Fiscal Year? ("Yes", "No", or "Don't Know")	If "Yes" in Column D, Effective Date?	If "Yes" in Column D, Adjustment Type	If "Other" in Column F, Please Explain the Type of Adjustment	If "Don't Know" in Column D, On What Date Will Court Know If an Adjustment Will Be Made?	If "Yes" in Column D, Salary Adjustment %
33	SJO (Emp. Only)	33						0.00%
34	SJO Staff (Emp. + 1 Dep.)	34						0.00%
35	SJO Staff (Emp. + >1 Dep.)	35						0.00%
36	SJO Staff (Declined Med.Ins.)	36						0.00%
37	SJO (Emp. Only) (Declined Vision)	37						0.00%
38	SJO (Emp. + 1) (Declined Vision)	38						0.00%
39	SJO (Emp. + >1) (Declined Vision)	39						0.00%
40	SJO (Declined Medical) (Declined Vision)	40						0.00%
41	SJO (Emp. Only) (Declined Dental)	41						0.00%
42	SJO (Emp. + 1) (Declined Dental)	42						0.00%
43	SJO (Emp. + >1) (Declined Dental)	43						0.00%
44	SJO (Declined Medical) (Declined Dental)	44						0.00%
45	SJO (Emp. Only) (Declined Vision) (Declined Dental)	45						0.00%
46	SJO (Emp. + 1) (Declined Vision) (Declined Dental)	46						0.00%
47	SJO (Emp. + >1) (Declined Vision) (Declined Dental)	47						0.00%
48	SJO (Declined Medical) (Declined Vision) (Declined Dental)	48						0.00%
49	Reporter (Emp. Only)	49						0.00%
50	Reporter (Emp. + 1 Dep.)	50						0.00%
51	Reporter (Emp. + >1 Dep.)	51						0.00%

Superior Court - Humboldt

Base Salary Adjustment Table

A	B	C	D	E	F	G	H	I
Row #	Employee Organizational Unit Name	Employee Org Row	Will Receive a Base Salary Adjustment this Fiscal Year? ("Yes", "No", or "Don't Know")	If "Yes" in Column D, Effective Date?	If "Yes" in Column D, Adjustment Type	If "Other" in Column F, Please Explain the Type of Adjustment	If "Don't Know" in Column D, On What Date Will Court Know If an Adjustment Will Be Made?	If "Yes" in Column D, Salary Adjustment %
52	Reporter (Declined Med.Ins.)	52						0.00%
53	Reporter (Emp. Only) (Declined Vision)	53						0.00%
54	Reporter (Emp. + 1) (Declined Vision)	54						0.00%
55	Reporter (Emp. + >1) (Declined Vision)	55						0.00%
56	Reporter (Declined Medical) (Declined Vision)	56						0.00%
57	Reporter (Emp. Only) (Declined Dental)	57						0.00%
58	Reporter (Emp. + 1) (Declined Dental)	58						0.00%
59	Reporter (Emp. + >1) (Declined Dental)	59						0.00%
60	Reporter (Declined Medical) (Declined Dental)	60						0.00%
61	Reporter (Emp. Only) (Declined Vision) (Declined Dental)	61						0.00%
62	Reporter (Emp. + 1) (Declined Vision) (Declined Dental)	62						0.00%
63	Reporter (Emp. + >1) (Declined Vision) (Declined Dental)	63						0.00%
64	Reporter (Declined Medical) (Declined Vision) (Declined Dental)	64						0.00%
65	Interpreter	65						0.00%
66	Temporary Help	66						0.00%