

**Judicial Council of California**

**Schedule 7A**

**Certification**

**2019-20**

**Court:** Superior Court - San Bernardino

**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 - San Bernardino  
County Number \_\_\_\_\_  
(for JCC staff  
use): 36

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: Jeremy Starkey  
Contact's Phone: 909-363-4625  
E-mail Address: JStarkey@sb-court.org

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

Schedule 7A Prepared By: Jeanette Raymundo  
Preparer's Phone: 909-363-4618  
E-mail Address: JRaymundo@sb-court.org

# Schedule 7A 2019-20

Superior Court - San Bernardino

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

Superior Court - San Bernardino

<b>Summary of Salary &amp; Benefit Budgets for All Authorized Positions</b>	<b>2019-20</b>
Salary	\$ 76,822,064.58
OASDI & Medicare	\$ 1,113,919.94
Retirement	\$ 24,203,733.77
Deferred Compensation	\$ 962,578.65
Workers' Compensation	\$ 970,673.98
Health Insurance	\$ 12,812,595.47
Other Insurance	\$ 516,459.84
Other Benefits (Salary Driven and Non Salary Driven)	\$ 815,728.28
<b>Total Salary and Benefit Budget</b>	<b>\$ 118,217,754.51</b>



















Schedule 7A: Salary and Position Worksheet 2019-20

Superior Court - San Bernardino 36

Table with columns A-Q: Superior Court - San Bernardino, 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 - San Bernardino

**Facility Table**

A	B	C
Facility Row #	Facility Code Number	Facility Name
1	I-105	Barstow Courthouse - 235 E. Mt. View
2	D-107	Colton Mental Health - 400 N. Pepper Ave
3	A-115/A-114	Fontana Courthouse - 17780 & 17830 Arrow Blvd
4	E-192	Joshua Tree Courthouse- 6527 White Feather Road
5	G-120	Needles Courthouse- 1111 E. Bailey Ave
6	A-125	Rancho Cucamonga Courthouse - 8303 Haven Ave
7	D-101	San Bernardino Courthouse - 351 N. Arrowhead (also FLF Center)
8	D-426	Drug Court - 780 E. Gilbert Street, Intern Bldg 7, San Bernardino
9	D-428	Juvenile, 780 E. Gilbert Street, Intern Bldg 9, San Bernardino (Attorneys)
10	D-429	Tech Support - 351 N. Arrowhead
11	D-211	Juvenile Dependency & Delinquency Court 860 & 900 E. Gilbert Street, San Bernardino
12	D-030	Records - Gifford Street facilities, San Bernardino
13	C-102	Victorville Courthouse, 14455 Civic Drive
14		San Bernardino Justice Center
15		San Bernardino Child Support, 655 N. 2nd Street
16	I-101	Barstow Juvenile Traffic - 301 E. Mt. View
17	E-105	Big Bear Courthouse - 477 Summit Blvd
18	A-102	Chino Courthouse - 13260 Central Ave
19	A-036	Rancho Cucamonga Juvenile Traffic - 9567 Arrow Ave Ste E
20	D-615	Financial Svcs - 216 Brookside Ave, Redlands
21	D-128	Grand Jury - 172 W. 3rd Street, San Bernardino
22	D-114	Appeals & Appellate 401 N. Arrowhead, San Bernardino
23	D-112	San Bernardino Juvenile Traffic 175 W. 5th Street
24	D-900	515 N. Arrowhead, San Bernardino

### 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	3601	San Bernardino County Retirement Plan (Tier 1)	33.050%	0.000%	33.050%
2	3602	Extra Help Retirement Plan	2.500%	0.000%	2.500%
3	3603	Extra Help Hearing Officer	2.500%	0.000%	2.500%
4	3604	San Bernardino County Retirement Plan (Tier 2)	25.830%	0.000%	25.830%
5	3605	Returning Retiree	0.000%	0.000%	0.000%
6	3606	San Bernardino County Retirement Plan (Tier 1, Exempt A&B excluding Chief Dep Exec Ofcr)	33.050%	0.000%	33.050%
7	3606	San Bernardino County Retirement Plan (Chief Dep Exec Ofcr)	33.050%	0.000%	33.050%
8	3606	San Bernardino County Retirement Plan (CEO & Commissioners Tier 1)	33.050%	0.000%	33.050%
9	3606	Commissioners (Tier 2)	25.830%	0.000%	25.830%
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%

Note: Replace "Enter Title" with the benefit title.

Other Salary Driven Benefits Table

A	B	C	D	Medicare	OASDI	WC	Other Insurance					Deferred Compensation	Other Benefits							
				E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
Employee Org. Row #	Employee Organizational Unit Name	Bargaining Unit Name	Union Name	Medicare	OASDI	Workers' Compensation	Disability Insurance (SDI)	Unemployment Insurance	Life Insurance	Long-Term Disability	Other Insurance	Deferred Compensation	Medical Trust							
1	Exempt A Medical EE Only Blue Shield PPO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
2	Exempt A Medical EE Only Blue Shield HMO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
3	Exempt A Medical EE Only Blue Shield TRIO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
4	Exempt A Medical EE Only Kaiser	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
5	Exempt A Medical EE + 1 Blue Shield PPO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
6	Exempt A Medical EE + 1 Blue Shield HMO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
7	Exempt A Medical EE + 1 Blue Shield TRIO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
8	Exempt A Medical EE + 1 Kaiser	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
9	Exempt A Medical EE + 2 or More Blue Shield PPO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
10	Exempt A Medical EE + 2 or More Blue Shield HMO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
11	Exempt A Medical EE + 2 or More Blue Shield TRIO	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
12	Exempt A Medical EE + 2 or More Kaiser	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
13	Exempt A Medical Waived	Exempt A		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
14	Exempt B Medical EE Only Blue Shield PPO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
15	Exempt B Medical EE Only Blue Shield HMO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
16	Exempt B Medical EE Only Blue Shield TRIO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
17	Exempt B Medical EE Only Kaiser	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
18	Exempt B Medical EE + 1 Blue Shield PPO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
19	Exempt B Medical EE + 1 Blue Shield HMO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
20	Exempt B Medical EE + 1 Blue Shield TRIO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
21	Exempt B Medical EE + 1 Kaiser	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
22	Exempt B Medical EE + 2 or More Blue Shield PPO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
23	Exempt B Medical EE + 2 or More Blue Shield HMO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
24	Exempt B Medical EE + 2 or More Blue Shield TRIO	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
25	Exempt B Medical EE + 2 or More Kaiser	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
26	Exempt B Medical Waived	Exempt B		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
27	Exempt C Medical EE Only Blue Shield PPO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
28	Exempt C Medical EE Only Blue Shield HMO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
29	Exempt C Medical EE Only Blue Shield TRIO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
30	Exempt C Medical EE Only Kaiser	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
31	Exempt C Medical EE + 1 Blue Shield PPO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
32	Exempt C Medical EE + 1 Blue Shield HMO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
33	Exempt C Medical EE + 1 Blue Shield TRIO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
34	Exempt C Medical EE + 1 Kaiser	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
35	Exempt C Medical EE + 2 or More Blue Shield PPO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
36	Exempt C Medical EE + 2 or More Blue Shield HMO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
37	Exempt C Medical EE + 2 or More Blue Shield TRIO	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
38	Exempt C Medical EE + 2 or More Kaiser	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
39	Exempt C Medical Waived	Exempt C		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
40	Exempt D Medical EE Only Blue Shield PPO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
41	Exempt D Medical EE Only Blue Shield HMO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
42	Exempt D Medical EE Only Blue Shield TRIO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
43	Exempt D Medical EE Only Kaiser	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
44	Exempt D Medical EE + 1 Blue Shield PPO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
45	Exempt D Medical EE + 1 Blue Shield HMO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							
46	Exempt D Medical EE + 1 Blue Shield TRIO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%							

Note: Replace "Enter Title" with the benefit title.

Other Salary Driven Benefits Table

A	B	C	D	Medicare	OASDI	WC	Other Insurance					Deferred Compensation	Other Benefits						
				E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Employee Org. Row #	Employee Organizational Unit Name	Bargaining Unit Name	Union Name	Medicare	OASDI	Workers' Compensation	Disability Insurance (SDI)	Unemployment Insurance	Life Insurance	Long-Term Disability	Other Insurance	Deferred Compensation	Medical Trust						
47	Exempt D Medical EE + 1 Kaiser	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
48	Exempt D Medical EE + 2 or More Blue Shield PPO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
49	Exempt D Medical EE + 2 or More Blue Shield HMO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
50	Exempt D Medical EE + 2 or More Blue Shield TRIO	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
51	Exempt D Medical EE + 2 or More Kaiser	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
52	Exempt D Medical Waived	Exempt D		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
53	Professional Medical EE Only Blue Shield PPO	Professional	Teamsters	1.450%		1.264%					0.535%								
54	Professional Medical EE Only Blue Shield HMO	Professional	Teamsters	1.450%		1.264%					0.535%								
55	Professional Medical EE Only Blue Shield TRIO	Professional	Teamsters	1.450%		1.264%					0.535%								
56	Professional Medical EE Only Kaiser	Professional	Teamsters	1.450%		1.264%					0.535%								
57	Professional Medical EE + 1 Blue Shield PPO	Professional	Teamsters	1.450%		1.264%					0.535%								
58	Professional Medical EE + 1 Blue Shield HMO	Professional	Teamsters	1.450%		1.264%					0.535%								
59	Professional Medical EE + 1 Blue Shield TRIO	Professional	Teamsters	1.450%		1.264%					0.535%								
60	Professional Medical EE + 1 Kaiser	Professional	Teamsters	1.450%		1.264%					0.535%								
61	Professional Medical EE + 2 or More Blue Shield PPO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
62	Professional Medical EE + 2 or More Blue Shield HMO	Professional	Teamsters	1.450%		1.264%					0.535%								
63	Professional Medical EE + 2 or More Blue Shield TRIO	Professional	Teamsters	1.450%		1.264%					0.535%								
64	Professional Medical EE + 2 or More Kaiser	Professional	Teamsters	1.450%		1.264%					0.535%								
65	Professional Medical Waived	Professional	Teamsters	1.450%		1.264%					0.535%								
66	Supervisory Medical EE Only Blue Shield PPO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
67	Supervisory Medical EE Only Blue Shield HMO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
68	Supervisory Medical EE Only Blue Shield TRIO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
69	Supervisory Medical EE Only Kaiser	Supervisory	Teamsters	1.450%		1.264%					0.535%								
70	Supervisory Medical EE + 1 Blue Shield PPO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
71	Supervisory Medical EE + 1 Blue Shield HMO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
72	Supervisory Medical EE + 1 Blue Shield TRIO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
73	Supervisory Medical EE + 1 Kaiser	Supervisory	Teamsters	1.450%		1.264%					0.535%								
74	Supervisory Medical EE + 2 or More Blue Shield PPO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
75	Supervisory Medical EE + 2 or More Blue Shield HMO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
76	Supervisory Medical EE + 2 or More Blue Shield TRIO	Supervisory	Teamsters	1.450%		1.264%					0.535%								
77	Supervisory Medical EE + 2 or More Kaiser	Supervisory	Teamsters	1.450%		1.264%					0.535%								
78	Supervisory Medical Waived	Supervisory	Teamsters	1.450%		1.264%					0.535%								
79	Commissioners Medical EE Only Blue Shield PPO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
80	Commissioners Medical EE Only Blue Shield HMO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
81	Commissioners Medical EE Only Blue Shield TRIO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
82	Commissioners Medical EE Only Kaiser	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
83	Commissioners Medical EE + 1 Blue Shield PPO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
84	Commissioners Medical EE + 1 Blue Shield HMO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
85	Commissioners Medical EE + 1 Blue Shield TRIO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
86	Commissioners Medical EE + 1 Kaiser	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
87	Commissioners Medical EE + 2 or More Blue Shield PPO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
88	Commissioners Medical EE + 2 or More Blue Shield HMO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
89	Commissioners Medical EE + 2 or More Blue Shield TRIO	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
90	Commissioners Medical EE + 2 or More Kaiser	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						
91	Commissioners Medical Waived	Commissioners		1.450%		1.264%				0.290%	0.535%	8.000%	0.500%						











**Superior Court - San Bernardino**

**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	Exempt A Medical EE Only Blue Sheild PPO	1						0.00%
2	Exempt A Medical EE Only Blue Sheild HMO	2						0.00%
3	Exempt A Medical EE Only Blue Sheild TRIO	3						0.00%
4	Exempt A Medical EE Only Kaiser	4						0.00%
5	Exempt A Medical EE + 1 Blue Sheild PPO	5						0.00%
6	Exempt A Medical EE + 1 Blue Sheild HMO	6						0.00%
7	Exempt A Medical EE + 1 Blue Sheild TRIO	7						0.00%
8	Exempt A Medical EE + 1 Kaiser	8						0.00%
9	Exempt A Medical EE + 2 or More Blue Sheild PPO	9						0.00%
10	Exempt A Medical EE + 2 or More Blue Sheild HMO	10						0.00%
11	Exempt A Medical EE + 2 or More Blue Sheild TRIO	11						0.00%
12	Exempt A Medical EE + 2 or More Kaiser	12						0.00%
13	Exempt A Medical Waived	13						0.00%
14	Exempt B Medical EE Only Blue Sheild PPO	14						0.00%
15	Exempt B Medical EE Only Blue Sheild HMO	15						0.00%
16	Exempt B Medical EE Only Blue Sheild TRIO	16						0.00%
17	Exempt B Medical EE Only Kaiser	17						0.00%

**Superior Court - San Bernardino**

**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 %
18	Exempt B Medical EE + 1 Blue Sheild PPO	18						0.00%
19	Exempt B Medical EE + 1 Blue Sheild HMO	19						0.00%
20	Exempt B Medical EE + 1 Blue Sheild TRIO	20						0.00%
21	Exempt B Medical EE + 1 Kaiser	21						0.00%
22	Exempt B Medical EE + 2 or More Blue Sheild PPO	22						0.00%
23	Exempt B Medical EE + 2 or More Blue Sheild HMO	23						0.00%
24	Exempt B Medical EE + 2 or More Blue Sheild TRIO	24						0.00%
25	Exempt B Medical EE + 2 or More Kaiser	25						0.00%
26	Exempt B Medical Waived	26						0.00%
27	Exempt C Medical EE Only Blue Sheild PPO	27						0.00%
28	Exempt C Medical EE Only Blue Sheild HMO	28						0.00%
29	Exempt C Medical EE Only Blue Sheild TRIO	29						0.00%
30	Exempt C Medical EE Only Kaiser	30						0.00%
31	Exempt C Medical EE + 1 Blue Sheild PPO	31						0.00%
32	Exempt C Medical EE + 1 Blue Sheild HMO	32						0.00%
33	Exempt C Medical EE + 1 Blue Sheild TRIO	33						0.00%
34	Exempt C Medical EE + 1 Kaiser	34						0.00%

**Superior Court - San Bernardino**

**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 %
35	Exempt C Medical EE + 2 or More Blue Sheild PPO	35						0.00%
36	Exempt C Medical EE + 2 or More Blue Sheild HMO	36						0.00%
37	Exempt C Medical EE + 2 or More Blue Sheild TRIO	37						0.00%
38	Exempt C Medical EE + 2 or More Kaiser	38						0.00%
39	Exempt C Medical Waived	39						0.00%
40	Exempt D Medical EE Only Blue Sheild PPO	40						0.00%
41	Exempt D Medical EE Only Blue Sheild HMO	41						0.00%
42	Exempt D Medical EE Only Blue Sheild TRIO	42						0.00%
43	Exempt D Medical EE Only Kaiser	43						0.00%
44	Exempt D Medical EE + 1 Blue Sheild PPO	44						0.00%
45	Exempt D Medical EE + 1 Blue Sheild HMO	45						0.00%
46	Exempt D Medical EE + 1 Blue Sheild TRIO	46						0.00%
47	Exempt D Medical EE + 1 Kaiser	47						0.00%
48	Exempt D Medical EE + 2 or More Blue Sheild PPO	48						0.00%
49	Exempt D Medical EE + 2 or More Blue Sheild HMO	49						0.00%
50	Exempt D Medical EE + 2 or More Blue Sheild TRIO	50						0.00%
51	Exempt D Medical EE + 2 or More Kaiser	51						0.00%

**Superior Court - San Bernardino**

**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	Exempt D Medical Waived	52						0.00%
53	Professional Medical EE Only Blue Sheild PPO	53						0.00%
54	Professional Medical EE Only Blue Sheild HMO	54						0.00%
55	Professional Medical EE Only Blue Sheild TRIO	55						0.00%
56	Professional Medical EE Only Kaiser	56						0.00%
57	Professional Medical EE + 1 Blue Sheild PPO	57						0.00%
58	Professional Medical EE + 1 Blue Sheild HMO	58						0.00%
59	Professional Medical EE + 1 Blue Sheild TRIO	59						0.00%
60	Professional Medical EE + 1 Kaiser	60						0.00%
61	Professional Medical EE + 2 or More Blue Sheild PPO	61						0.00%
62	Professional Medical EE + 2 or More Blue Sheild HMO	62						0.00%
63	Professional Medical EE + 2 or More Blue Sheild TRIO	63						0.00%
64	Professional Medical EE + 2 or More Kaiser	64						0.00%
65	Professional Medical Waived	65						0.00%
66	Supervisory Medical EE Only Blue Sheild PPO	66						0.00%
67	Supervisory Medical EE Only Blue Sheild HMO	67						0.00%
68	Supervisory Medical EE Only Blue Sheild TRIO	68						0.00%

**Superior Court - San Bernardino**

**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 %
69	Supervisory Medical EE Only Kaiser	69						0.00%
70	Supervisory Medical EE + 1 Blue Sheild PPO	70						0.00%
71	Supervisory Medical EE + 1 Blue Sheild HMO	71						0.00%
72	Supervisory Medical EE + 1 Blue Sheild TRIO	72						0.00%
73	Supervisory Medical EE + 1 Kaiser	73						0.00%
74	Supervisory Medical EE + 2 or More Blue Sheild PPO	74						0.00%
75	Supervisory Medical EE + 2 or More Blue Sheild HMO	75						0.00%
76	Supervisory Medical EE + 2 or More Blue Sheild TRIO	76						0.00%
77	Supervisory Medical EE + 2 or More Kaiser	77						0.00%
78	Supervisory Medical Waived	78						0.00%
79	Commissioners Medical EE Only Blue Sheild PPO	79						0.00%
80	Commissioners Medical EE Only Blue Sheild HMO	80						0.00%
81	Commissioners Medical EE Only Blue Sheild TRIO	81						0.00%
82	Commissioners Medical EE Only Kaiser	82						0.00%
83	Commissioners Medical EE + 1 Blue Sheild PPO	83						0.00%
84	Commissioners Medical EE + 1 Blue Sheild HMO	84						0.00%
85	Commissioners Medical EE + 1 Blue Sheild TRIO	85						0.00%

**Superior Court - San Bernardino**

**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 %
86	Commissioners Medical EE + 1 Kaiser	86						0.00%
87	Commissioners Medical EE + 2 or More Blue Sheild PPO	87						0.00%
88	Commissioners Medical EE + 2 or More Blue Sheild HMO	88						0.00%
89	Commissioners Medical EE + 2 or More Blue Sheild TRIO	89						0.00%
90	Commissioners Medical EE + 2 or More Kaiser	90						0.00%
91	Commissioners Medical Waived	91						0.00%
92	Support-Gen/Office, Court Reporters, Tech Medical EE Only Blue Sheild PPO	92						0.00%
93	Support-Gen/Office, Court Reporters, Tech Medical EE Only Blue Sheild HMO	93						0.00%
94	Support-Gen/Office, Court Reporters, Tech Medical EE Only Blue Sheild TRIO	94						0.00%
95	Support-Gen/Office, Court Reporters, Tech Medical EE Only Kaiser	95						0.00%
96	Support-Gen/Office, Court Reporters, Tech Medical EE + 1 Blue Sheild PPO	96						0.00%
97	Support-Gen/Office, Court Reporters, Tech Medical EE + 1 Blue Sheild HMO	97						0.00%
98	Support-Gen/Office, Court Reporters, Tech Medical EE + 1 Blue Sheild TRIO	98						0.00%



**Superior Court - San Bernardino**

**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 %
99	Support-Gen/Office, Court Reporters, Tech Medical EE + 1 Kaiser	99						0.00%
100	Support-Gen/Office, Court Reporters, Tech Medical EE + 2 or More Blue Sheild PPO	100						0.00%
101	Support-Gen/Office, Court Reporters, Tech Medical EE + 2 or More Blue Sheild HMO	101						0.00%
102	Support-Gen/Office, Court Reporters, Tech Medical EE + 2 or More Blue Sheild TRIO	102						0.00%
103	Support-Gen/Office, Court Reporters, Tech Medical EE + 2 or More Kaiser	103						0.00%
104	Support-Gen/Office, Court Reporters, Tech Medical Waived	104						0.00%
105	Interpreters Medical EE Only Blue Sheild PPO	105						0.00%
106	Interpreters Medical EE Only Blue Sheild HMO	106						0.00%
107	Interpreters Medical EE Only Blue Sheild TRIO	107						0.00%
108	Interpreters Medical EE Only Kaiser	108						0.00%
109	Interpreters Medical EE + 1 Blue Sheild PPO	109						0.00%
110	Interpreters Medical EE + 1 Blue Sheild HMO	110						0.00%
111	Interpreters Medical EE + 1 Blue Sheild TRIO	111						0.00%

**Superior Court - San Bernardino**

**Base Salary Adjustment Table**

A Row #	B Employee Organizational Unit Name	C Employee Org Row	D Will Receive a Base Salary Adjustment this Fiscal Year? ("Yes", "No", or "Don't Know")	E If "Yes" in Column D, Effective Date?	F If "Yes" in Column D, Adjustment Type	G If "Other" in Column F, Please Explain the Type of Adjustment	H If "Don't Know" in Column D, On What Date Will Court Know If an Adjustment Will Be Made?	I If "Yes" in Column D, Salary Adjustment %
112	Interpreters Medical EE + 1 Kaiser	112						0.00%
113	Interpreters Medical EE + 2 or More Blue Sheild PPO	113						0.00%
114	Interpreters Medical EE + 2 or More Blue Sheild HMO	114						0.00%
115	Interpreters Medical EE + 2 or More Blue Sheild TRIO	115						0.00%
116	Interpreters Medical EE + 2 or More Kaiser	116						0.00%
117	Interpreters Medical Waived	117						0.00%
118	Interpreters (Intermittent) Medical	118						0.00%
119	Court Executive Officer Medical EE Only Blue Sheild PPO	119						0.00%
120	Court Executive Officer Medical EE Only Blue Sheild HMO	120						0.00%
121	Court Executive Officer Medical EE Only Blue Sheild TRIO	121						0.00%
122	Court Executive Officer Medical EE Only Kaiser	122						0.00%
123	Court Executive Officer Medical EE + 1 Blue Sheild PPO	123						0.00%
124	Court Executive Officer Medical EE + 1 Blue Sheild HMO	124						0.00%
125	Court Executive Officer Medical EE + 1 Blue Sheild TRIO	125						0.00%

**Superior Court - San Bernardino**

**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 %
126	Court Executive Officer Medical EE + 1 Kaiser	126						0.00%
127	Court Executive Officer Medical EE + 2 or More Blue Sheild PPO	127						0.00%
128	Court Executive Officer Medical EE + 2 or More Blue Sheild HMO	128						0.00%
129	Court Executive Officer Medical EE + 2 or More Blue Sheild TRIO	129						0.00%
130	Court Executive Officer Medical EE + 2 or More Kaiser	130						0.00%
131	Court Executive Officer Medical Waived	131						0.00%
132	Extra-Help Medical	132						0.00%