

SNOHOMISH COUNTY SHERIFF'S OFFICE

"Pride in Service to Our Community"

ENTRY LEVEL DEPUTY SHERIFF

Salary:	STEP 1	STEP 2	STEP 3	STEP 4
Months:	00-12	13-24	25-36	37-48
Hourly Rate:	\$25.56	\$28.31	\$31.10	\$33.47
	\$4,090.07	\$4,530.47	\$4,976.63	\$5,355.55

LATERAL ENTRY DEPUTY SHERIFF

Salary:	STEP 1	STEP 2	
Months:	00-12	13-24	
Hourly Rate:	\$31.10	\$33.47	(Vacation hours)
	\$4,976.63	\$5,355.55	Lateral starts at the 3-5 year accrual rate

COLLEGE INCENTIVE PAY

Associate Degree 3.5% per month additional of top step Deputy wage

B.A or B.S Degree 7.0% per month additional of top step Deputy wage

Masters Degree 9.0% per month additional of top step Deputy wage

BENEFIT COMMITMENT

- Education/Longevity pay
- Specialty pay
- Quartermaster system (all uniforms and equipment supplied)
 - Issued Items Include:**
 - Baseball cap
 - Knit hat w/Gortex liner
 - Cold weather coat/Gortex
 - Cold weather vest
 - Shirts Long Sleeve 3ea
 - Shirts Short Sleeve 3ea
 - Pants 3 each
 - Body armor, level II
 - Tie, Tie bar, Collar brass
 - Brass name tags, Cloth name tags
 - 2 pair of foot wear-boots/shoes
 - Belt pants, Duty belt
 - Belt keepers 4
 - Holster
 - Glock pistol model 22 in 40 caliber
 - Magazine pouches plus 3 magazines
 - Spray/spray holder
 - Hobble/hobble case
 - Key holder
 - Handcuffs 2
 - Handcuff pouches/ single or double
 - Rechargeable Maglite and holder
 - 800 mg radio with holder
- ASP baton and holder
- Fingerprint kit, 35mm camera
 - Take home patrol cars issued at completion of FTO
 - Free uniform dry cleaning
 - Seniority rights; Shift bidding
 - Medical, Dental and Vision benefits
 - Paid vacation;
 - 1st year 80 hours
 - 2nd year 96 hours
 - 3rd – 5th years 120 hours
 - 6th – 9th years 144 hours
 - 10th – 11th years 168 hours
 - 12th – 13th years 176 hours
 - 14th – 15th years 184 hours
 - 16th – 17th years 192 hours
 - 18th – 24th years 200 hours
 - 25 years + 224 hours
 - Sick leave, 192 hours up front after 2 years 8 hours earned monthly.
 - Life Insurance -\$50,000
 - Liability Insurance
 - Retirement Program-LEOFF 2
 - 13 paid holidays per year

Deputy Recruiters:

Dep. Will Ter-Veen (425) 388-3829

william.ter-veen@snoco.org

Dep. Chip Payne (425) 388-6059

stewart.payne@snoco.org

Dep. Rich Niebusch (425) 388-3229

richard.niebusch@snoco.org

Snohomish County Civil Service

Commission:

Lynn Trowbridge (425)-388-3600

lynn.trowbridge@snoco.org

Training Unit Sergeant

Sgt. Rachele Heinzen (425) 388-3169

rachele.heinzen@snoco.org

Medical Coverage General Information

Regence Selections group#99139-77462/50490 www.wa.regence.com

The Selections Plan provides comprehensive health care services provided on prepaid basis. To receive benefits, participants must select a doctor from our list of Selections Provider, except for self referral benefits specified below. Primary care provider will refer more specialized care.

Provider Choice:

Physicians: Selections Network Personal Care Provider & Referral Specialists. Or your choice to go to any participating provider outside of the Selections Network.

Alternative Health Care:

May choose an alternative Health Care Provider (Naturopath) as Primary Care Provider(PCP) or be referred to one by PCP. Acupuncture covered 12 times per year.

Employee Cost: \$0-Employee, \$65-Employee + Spouse, \$55- Employee + Children, \$85- Employee + Family.

Group Health Options group#6177 www.ghc.org

The Group Health Option plan provides comprehensive health care services. To receive benefits participants must select a clinic and a physician from the provider list, except for self referral benefits provided below. Primary care provider will refer more specialized care.

Provider Choice:

Participating personal care provider at Options Network designated facilities. Or your of any community doctor outside of the network.

Alternative Health Care:

Acupuncture: Inside the network-5 self referral visits per condition per calendar

year at \$15 copay. When approved by GHO, additional visits covered at \$15 copay.

Outside network- Covered 80% after deductible must meet medical protocol.

Naturopathy: Inside network- 2 self referral visits per condition per year at \$15 copay. When approved by GHO additional visits covered at \$15 copay.

Outside network- Covered 80% after deductible must meet medical protocol.

Employee Cost: \$54-Employee, \$147-Employee + Spouse, \$123- Employee + Children, \$191- Employee + Family.

Dental Coverage General Information

Washington Dental Service #0444 www.ddpwa.com

Deductible \$50 up to \$150 for family, Maximum benefits \$1,250 per person per year

Orthodontics WDS pays 50% up to \$750 per member lifetime maximum.

CIGNA Dental #Wa1023 www.cigna.com

Deductible None, Maximum benefits None
Orthodontics: after paying copays Cigna will pay remainder

Willamette Dental Group #Z238 www.denkor.com

Deductible None, Maximum Benefits unlimited.

Orthodontics: your cost \$1350 plus office visit fee.