

County Administrator

18 North County Street -- 8th Floor  
Waukegan Illinois 60085-4334  
Phone 847 377 2250  
Fax 847 360 6732

April 3, 2012

Dear Mr. Talbott:

On behalf of the Lake County Board, it is our privilege to offer you employment as Chief Information Officer (CIO) for Lake County, Illinois. This offer is subject to your acceptance of the terms and conditions as specified in this letter and approval by the Board.


This letter will confirm the offer of employment tendered to you subject to the following provisions:

SALARY:	Beginning salary of \$139,000 annually with annual salary adjustments eligibility beginning April 23, 2012.
LEAVE:	Mr. Talbott is credited with 5 years of service so he begins accruing at the rate of 3 weeks per year effective immediately.
HEALTH INSURANCE	Same as all County employees.
DENTAL INSURANCE	Same as all County employees.
DISABILITY INSURANCE	Same as all County employees.
RETIREMENT	Same as all County employees.
ASSOCIATION DUES/ PROFESSIONAL DEVELOPMENT	Lake County to pay normal and reasonable professional dues and seminar and conference fees. The County does not pay for private or civic organizations.
MOVING EXPENSES	Moving costs, payable to a third-party (subject to submission of three (3) bids; temporary housing allowance of up to \$1,000 per month, up to six (6) months; Expenses are for reimbursement of actual expenses. All items are subject to IRS regulations.
PRE-EMPLOYMENT PHYSICAL	Offer of employment is conditioned on the result of the medical examination.

All items above are intended to be consistent with County policies and procedures, and are the same as provided by the County to all employees with the exception of: salary, moving expenses, and leave accrual provisions. As discussed, your start date will be April 30, 2012.

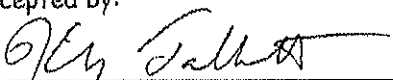
We are looking forward to you becoming a member of the County executive management team, and eagerly await the accomplishments that we will generate together. If you agree to the appointment and to the terms and conditions stated above, please sign and return this letter by fax to 847-360-6732.

LAKE COUNTY, ILLINOIS by:

  
\_\_\_\_\_  
Barry Burton  
Lake County Administrator

4-4-12  
Date

Accepted by:

  
\_\_\_\_\_  
Kirk Talbott

4-4-12  
Date