

**AMENDMENT NO. 1 TO  
CITY CLERK EMPLOYMENT AGREEMENT**

This Amendment No. 1 to City Clerk Employment Agreement ("Amendment") is made and entered into as of February 13, 2018, by and between the City of Lake Elsinore, a municipal corporation ("City"), and Susan Domen ("Employee").

**RECITALS**

A. The City and Employee have entered into that certain City Clerk Employment Agreement dated as of October 13, 2015 (the "Employment Agreement"). Except as otherwise defined herein, all capitalized terms used herein shall have the meanings set forth for such terms in the Original Agreement.

B. The parties now desire to amend the Employment Agreement as provided for herein.

**NOW, THEREFORE**, in consideration of the mutual covenants and conditions set forth herein, City and Employee agree as follows:

1. Section 7(a), of the Employment Agreement relating to "Benefits" is hereby amended and restated in its entirety as follows:

"Consistent with City Department Directors, Employee shall be entitled to retirement (PERS), medical insurance (including spouse and dependent children), Medicare, dental insurance (including spouse and dependent children), vision insurance (including spouse and dependent children), long-term disability insurance, worker's compensation, vacation based on the length of Employee's employment with the City, sick leave, administrative leave, and holidays. Also consistent with City Department Directors, Employee shall receive a cell phone allowance unless issued a City cell phone and a monthly automobile allowance. City will pay bilingual pay per fiscal year if Employee is eligible."

2. Except for the changes specifically set forth herein, all other terms and conditions of the Employment Agreement shall remain in full force and effect.

**IN WITNESS WHEREOF**, the parties have caused this Amendment No. 1 to be executed on the respective dates set forth below.

"CITY"  
CITY OF LAKE ELSINORE, a municipal  
corporation

"EMPLOYEE"

\_\_\_\_\_  
Natasha Johnson, Mayor

\_\_\_\_\_  
Susan M. Domen, MMC

Date: \_\_\_\_\_

Date: \_\_\_\_\_

APPROVED AS TO FORM:

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City Attorney