

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION 2/18/2010

Department PUBLIC DEFENDER

Title of Position 4th Assistant Public Defender Base salary \$47,610

Budget code and title 6.01 PUBLIC DEFENDER

This position is vacate due to: Retirement Resignation Termination Eff. 3/12/10

Employee No. 11480

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Criminal Justice Date 2/18/10

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature Joan Lady

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee CRIMINAL JUSTICE Date _____

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature Robert

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

The Personnel/Human Resources Committee has no objection to the filling of the vacancy.

The Personnel/Human Resources Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Olim Justice Com. hereby authorizes Joy Savoie
(Supervisory Committee) (Employee Name)

to attend Emerging Issues in Victim's Rights
(Name of meeting or organization)

at Federal Building, New York City
(Address)

on April 6-8, 2010 Mode of transportation to be used Amttrak Train
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:
N/A

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 177.00 GSA* Rate \$ _____
 Meal costs - GSA*per diem rate \$ 71.00

*www.gsa.gov

Date: 2/24/10

[Signature]
2-24-10
Department Head Signature

Date: 2/25/10

[Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services, if credit card will be used.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Gen Justice Com. hereby authorizes Emilie Dauverport
(Supervisory Committee) (Employee Name)

to attend Emerging Issues in Victim's Rights
(Name of meeting or organization)

at Federal Building, New York City
(Address)

on April 6-8 2010 Mode of transportation to be used Amtrak Train
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
NA

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ Shorelawn.com GSA* Rate \$ _____
- Meal costs - GSA* per diem rate \$ 11.00

*www.gsa.gov

Date: 2/24/10

[Signature]
2-24-10
Department Head Signature

Date: 2/25/10

[Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Warren County Request to Host Meeting or Conference

Name of Department: Warren County District Attorney's Office- Victim Assistance Program

Name of Meeting/Conference: National Crime Victims' Rights Week- Recognition Breakfast

Date: 4-19-2010

Location: B&B On The Green, Hudson Falls, NY 12839

Purpose: National Crime Victims' Rights Week

Contact Person: (If other than Department Head) Manon Affinito

Phone No.: 761-6475

Number of People attending: approx. 150

60 County Employees

30 State Employees

20 Volunteers

40 Others (specify) victims and family/ law enforcement
personnel

Cost to County (please include amounts):

Room rental \$

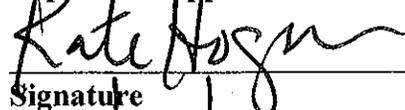
Food/beverage \$ 600.00

Supplies \$ 700.00

Other (specify) \$

Total Cost: \$ 1300.00

Depy Head Approval:

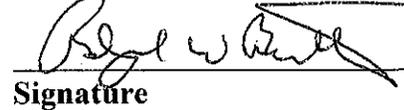


Signature

2/17/10

Date:

Committee Chairman Approval:



Signature

2-25-10

Date