

A G E N D A
FINANCE COMMITTEE
NOVEMBER 10, 2010

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meeting.
- III. **Action Agenda**
 - 1) Request for Transfer of Funds attached for Committee approval. Supervisory Committee approval has been obtained as necessary.
 - 2) **Referrals from the County Treasurer:**
 - A) Request for a new contract with Systems East for the software maintenance agreement for the Tax Collection System, for a lump sum amount of \$14,808, commencing January 1, 2011 through December 31, 2011.
 - B) Authorizing the issuance of a Budget Note for the Waste Management Fund, in the amount of \$600,000, to cover anticipated budget shortfall in the Waste Management Fund.
 - C) Discussion of refinancing the Siemens Capital Leases.
 - 3) **Referral from the County Facilities Committee:**
Requesting a Contingent Fund transfer in the amount of \$7,264 for the purchase of equipment to upgrade the public address system in the Municipal Center.
 - 4) **Referral from the Planning & Community Development Committee:**
Requesting a Contingent Fund transfer in the amount of \$4,000 for the balance remaining on the Imagemate Online contract, said funds which were not included in the 2010 budget.
 - 5) **Referral from the Social Services Committee:**
Amending the 2010 County budget to increase estimated revenues and appropriations in the amount of \$70,000 to reflect a shortfall in Medicaid.
 - 6) Request to authorize agreements with various insurance providers for health insurance for Warren County employees and retirees; and establishing rates for coverage effective December 1, 2010 and January 1, 2011.
 - 7) Request for a resolution urging New York State Public Service Commission to reject proposal from National Grid to increase residential natural gas and electric rates. Fulton County resolution attached for review.
 - 8) Finance Committee action is required on the following item as approved by the Personnel Committee: Item Nos. 3A and 3B.

IV. Topics to be reported on/discussions/updates

- 1) Pat Tatch, Director of Planning & Community Development, to discuss the housing grant to be returned.
- 2) Response to the Budget Analysis Report from the County Treasurer as prepared by JoAnn McKinstry, Assistant to the County Administrator, attached for review.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED:

DATE: October 22, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82200.7500 414	Westmount, Plant & Operation, Maintenance, Gasoline Gas – Natural	EF.60200.100 140	Westmount, Nursing-Nurses Stations', Management & Supervision, Salaries – Sick Leave Incentive	800.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.82100.100 140	Westmount, Dietary Services, Management and Supervision Salaries – Sick Leave Incentive	400.00
EF.82100.700 140	Westmount, Dietary Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	EF.82100.200 140	Westmount, Dietary Services, Cooks & Social Worker Salaries – Sick Leave Incentive	424.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas - Natural	EF.82100.200 140	Westmount, Dietary Services, Cooks & Social Worker Salaries – Sick Leave Incentive	776.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.82400.100 140	Westmount, Housekeeping Services, Management and Supervision Salaries – Sick Leave Incentive	400.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.82400.700 140	Westmount, Housekeeping Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	1600.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas - Natural	EF.82500.700 140	Westmount, Laundry & Linen, Services, FSH HK LL Maintenance Salaries – Sick Leave Incentive	200.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas – Natural	EF.83500.100 140	Westmount, Administrative Services, Management & Supervision, Salaries - Sick Leave Incentive	400.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas - Natural	EF.83110.100 140	Westmount, Fiscal Services, Management & Supervision, Salaries – Sick Leave Incentive	400.00
EF.82200.7500 414	Westmount, Plant & Operation Maintenance, Gasoline Gas - Natural	EF.83110.600 140	Westmount, Fiscal Services, Clerical & Other Adm Wages Salaries – Sick Leave Incentive	400.00

Please state reason for transfers requested: Unbudgeted Sick Leave Incentive funds

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: October 22, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.60200.100 110	Westmount, Nursing – Nurses’ Station, Management & Supervision, Salaries – Regular	EF.60200.100 120	Westmount, Nursing – Nurses’ Station, 4,836 Management & Supervision, Salaries - Overtime	
EF.60200.100 110	Westmount, Nursing – Nurses’ Station, Management & Supervision, Salaries - Regular	EF.60200.100 130	Westmount, Nursing – Nurses’ Station, 8,814 Management & Supervision, Salaries – Part Time	
EF.60200.300 110	Westmount, Nursing – Nurses’ Station, Registered Nurses Wages, Salaries - Regular	EF.60200.400 130	Westmount, Nursing – Nurses’ Station, 20,000 LPN Wages, Salaries – Part Time	
EF.60200.300 120	Westmount, Nursing – Nurses’ Station, Registered Nurses Wages, Salaries – Over Time	EF.60200.400 130	Westmount, Nursing – Nurses’ Station, 10,000 LPN Wages, Salaries – Part Time	
EF.60200.300 130	Westmount, Nursing – Nurses’ Station, Registered Nurses Wages, Salaries - Part Time	EF.60200.400 130	Westmount, Nursing – Nurses’ Station, 20,000 LPN Wages, Salaries – Part Time	
EF.60200.400 110	Westmount, Nursing – Nurses’ Station, LPN Wages, Salaries – Regular	EF.60200.400 120	Westmount, Nursing – Nurses’ Station, 17,000 LPN Wages, Salaries – Over Time	
EF.60200.500 130	Westmount, Nursing – Nurses’ Station, Aides, Orderlies, Assistants, Salaries – Part Time	EF.60200.500 120	Westmount, Nursing – Nurses’ Station, 34,000 Aides, Orderlies, Assistants, Salaries – Over Time	
EF.60200.500 130	Westmount, Nursing – Nurses’ Station, Aides, Orderlies, Assistants, Salaries – Part Time	EF.60200.400 130	Westmount, Nursing – Nurses’ Station, 50,000 LPN Wages, Salaries – Part Time	

Please state reason for transfers requested: over expended expense account

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: WESTMOUNT HEALTH FACILITY
Name of Department

SIGNED: _____

DATE: October 22, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.72700.4500 435	Westmount, Pharmacy, Medicine Cabinet Drugs, Medical Fees	EF.72400.6202 470	Westmount, Nursing – Radiology, Medical PS Radiology, Contract	2,400
EF.72700.4400 435	Westmount, Pharmacy, Prescription Drugs, Medical Fees	EF.60200.2700 470	Westmount, Nursing – Nurses' Station, Physician Fees, Contract	2,000
EF.72700.4400 435	Westmount, Pharmacy, Prescription Drugs, Medical Fees	EF.60200.5906 410	Westmount, Nursing – Nurses' Station, Supplies	2,000
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib – NYS Assessment, Other Payments/Contributions	EF.73300.6802 470	Westmount, Physical Therapy, Contracted Services,	6,000
EF.73400.6802 470	Westmount, Occupational Therapy, Contracted Services,	EF.73300.6802 470	Westmount, Physical Therapy, Contracted Services,	20,000
EF.82200.7500 414	Westmount, Plant Operations & Maint, Gasoline, Gas - Natural	EF.73500.6802 470	Westmount, Speech & Hearing Therapy, Contracted Services,	2,200
EF.82200.7500 414	Westmount, Plant Operations & Maint, Gasoline, Gas - Natural	EF.60200.3810 469	Westmount, Nursing – Nurses' Station, Other Payments Disposal Linens, Other Payments/Contributions	15,000
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib – NYS Assessment, Other Payments/Contributions	EF.60200.4900 435	Westmount, Nursing – Nurses' Station, Medical Fee Other Medical Supply,	7,000
EF.83110.8302 469	Westmount, Fiscal Services Office, Pymnt/Contrib – NYS Assessment, Other Payments/Contributions	EF.60200.7300 421	Westmount, Nursing – Nurses' Station, Equipment Rental,	3,500

Please state reason for transfers requested: over expended expense account
Please file original request with Clerk of the Board and retain copy for your records.

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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: *Patricia Ape*

DATE: 10/22/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4010.130	Health Services -CHHA Part Time Salary	A.4010.140	Health Services-CHHA Sick Incentive	\$800.00
A.4018.130	Preventive Program-Part Time Salary	A.4018.140	Preventive Program-Sick Incentive	\$400.00
A.4189.470	Bioterrorism- Contract Expense	A.4189.130	Bioterrorism-Part Time Salaries	\$2,500.00
A.4016.120	Health Services -LTC Overtime Salary	A.4010.120	Health Services -CHHA Overtime Salary	\$1,500.00
A.4018.0030.130	Disease Program-Part Time Salary	A.4018.0030.435	Disease Program-Medical Supplies	\$16,000.00
A.4018.0055.470	Tobacco Program-Contract Expense	A.4018.0055.260	Tobacco Program-Other Equipment	\$1,500.00
			Total Transfers	<u>\$22,700.00</u>

Please state reason for transfers requested:

1. To transfer funds to cover expense for one CHHA employee for sick Incentive to be paid Fall of 2010.
2. To transfer funds to cover expense for one Preventive employee for sick Incentive to be paid Fall of 2010.
3. To transfer funds to cover expense for Part time salaries to year end.
4. To transfer funds for those LTC staff who work OT on weekends /call that needs to be reclassified to CHHA OT. Move from LTC to CHHA
5. To transfer funds to cover Medical supplies needed to year end to cover immunizations and supplies needed.
6. To transfer funds to cover Teaching /Visual Equipment needed for smoking /tobacco education.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Paul Dusek, County Administrator
Name of Department

SIGNED:  DATE: 10/28/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 110	Salaries-Regular	A.1011 220	Office Equip.	\$700.00
A.1011 110	Salaries-Regular	A.1011 410	Office Supplies	\$400.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: To purchase a laptop computer and required software.

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Treasurer

DATE: November 2, 2010

- (a) Is this a Result of a Bid or Request for Proposal? No
- (b) Purpose of Contract: Software Maintenance Agreement for Tax Collection System
- (c) Name of Contractor: Systems East
- (d) Address of Contractor: 6 Locust Avenue, Cortland, NY 13045
- (e) Contractor's Contact Person and Telephone Number: James Buttino, (607) 753-6156
- (f) Has or will the Contract be provided, if so, please attach: Will be provided
- (g) Commencement Date of Contract: 1/1/11
- (h) Termination Date of Contract: 12/31/11
- (i) Payment Provisions: i) lump sum amount \$14,808
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. monthly
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount: A.1325 422 Treasurer - Repair/Maint Equipment

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Treasurer

DATE: November 2, 2010

- (a) Purpose of Request: Authorize the issuance of a Budget Note for the Waste Management Fund in the amount of \$0.6 million.

- (b) Details: Funds needed to cover anticipated budget shortage in the Waste Management Fund

- (c) Previous Resolution Number: None

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: N/A

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: **BUILDINGS & GROUNDS**

Name of Department

SIGNED:

DATE: OCT. 27, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.1620 250	Buildings- Technical Equipment	\$7264.00

Please state reason for transfer request: For purchase of equipment to upgrade the public address system in Municipal Center .

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Planning & Community Development
Name of Department

SIGNED: DATE: November 1, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions	A.8022 470	Planning GIS Program- Contract	\$4,000.00

Please state reason for transfer request: Funds were not included for this contractual obligation in the 2010 Budget.

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Social Services

DATE: 10/21/10

- (a) Purpose of Amendment: Lack of Funds

- (b) Appropriation Code (with title), Object Code (with title) and Amount: A 6101 470, Medicaid, \$70,000.00

- (c) Revenue Code (with title), and Amount: A 6101 A 3601 State Medicaid 50%, \$35,000.00; A6101 A4601 Federal Medicaid 50% \$35,000.00

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Human Resources

DATE: 10/25/10

- (a) Purpose of Request: Authorization of annual Health and Dental Insurance agreements.
- (b) Details: see attached
- (c) Previous Resolution Number: 751 of 2009
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

*** as listed in budget and LOGOS**

Warren County Board of Supervisors

RESOLUTION NO. 751 OF 2009

Resolution introduced by Supervisors Stec, Belden, O'Connor, Bentley,
Tessier, Taylor, VanNess, Kenny and Merlino

AUTHORIZING AGREEMENTS WITH VARIOUS INSURANCE PROVIDERS FOR HEALTH INSURANCE FOR WARREN COUNTY EMPLOYEES AND RETIREES; ESTABLISHING RATES FOR COVERAGES EFFECTIVE DECEMBER 1, 2009 AND JANUARY 1, 2010

RESOLVED, that Warren County enter into agreements with various insurance providers for health insurance for Warren County employees and retirees, as well as establishing rates for coverages effective December 1, 2009 and January 1, 2010, as follows:

<u>PROVIDER NAME</u>	<u>PLAN</u>	<u>RATES</u>
<u>Effective December 1, 2009</u>		
Blue Shield Capital-District Physicians Health Plan EPO (CDPHP) (\$25/\$40 Co-Pay)	Individual	\$ 429.84 452.62
	Co-Individual	\$ 429.84 452.62
	Two Person	\$ 859.67 927.87
	Family	\$1,146.63 1,301.15
<u>Jan 1, 2010</u>		
New York State Health Insurance Plan HMO [NYSHIP]	Individual	\$ 622.52 726.75
	Co-Individual	\$ 622.52 726.75
	Two Person or Family	\$1,333.46 1,575.97
	Individual/Medicare	\$ 373.59 448.90
	Two Person (1 Indiv/1 Medicare)	\$1,084.52 1,301.12
	Two Person (both Medicare)	\$ 835.59 1,023.23
<u>Effective January 1, 2010</u>		
Blue Shield Medicare Advantage PPO (In Area)	Individual/Medicare	\$ 287.40 288.40
	Individual/Medicare	\$ 269.45 295.90
Capital District Physicians Health Plan [CDPHP] Medicare Advantage PPO	Individual/Medicare	\$ 250.10 256.10

RESOLUTION NO. 751 OF 2009

Page 2, Continued

Mohawk Valley Physician's Health Plan [MVP] Gold Medicare Advantage PPO	Individual/Medicare	\$ 170.14	215. ⁰¹
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Effective January 1, 2010 (continued)

<u>PROVIDER NAME</u>	<u>PLAN</u>	<u>RATES</u>	
Delta Dental	Individual	\$ 28.66	
	Family	\$ 73.79	
	Individual (Alliance only)	\$ 28.66	
	Family (Alliance only)	\$ 73.79	
Survivor w/Medicare (Retiree deceased prior to 1994)	MVP	\$ 73.74	104.51
	CDPHP	\$ 153.70	145.60
	Blue Shield of Northeastern		
	New York Community Blue	\$ 191.00	177.90

and be it further

RESOLVED, that the Chairman of the Board of Supervisors is hereby authorized to execute agreements in the form approved by the County Attorney.

Resolution No. 391

Supervisor HOWARD offered the following Resolution and moved its adoption:

**RESOLUTION URGING NYS PUBLIC SERVICE COMMISSION TO REJECT
PROPOSAL FROM NATIONAL GRID TO INCREASE RESIDENTIAL
NATURAL GAS AND ELECTRIC RATES**

WHEREAS, National Grid has sought to impose a 20 percent increase (or approximately \$396 million) in gas and electric delivery charges per year to its paying customers; and

WHEREAS, the proposed increase comes in the midst of an ongoing economic downturn and high unemployment throughout Upstate New York; and

WHEREAS, the NYS Public Service Commission will be considering this rate increase in the very near future; now, therefore be it

RESOLVED, That the Fulton County Board of Supervisors hereby urges the NYS Public Service Commission to reject the proposal from National Grid to increase residential natural gas and electric rates; and, be it further

RESOLVED, That certified copies of this Resolution be forwarded to the County Treasurer, NYS Public Service Commission, New York State Association of Counties, All New York State Counties, Administrative Officer/Clerk of the Board, and to each and every other person, institution or agency who will further the purport of this Resolution.

Seconded by Supervisor CALLERY and adopted by the following vote:

TOTAL: Ayes: 19 Nays: 0 Absent: 1 (Supervisor Gendron)

A G E N D A
PERSONNEL COMMITTEE
NOVEMBER 10, 2010

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meeting.

III. Action Agenda

1) Referrals from the Health Services Committee:

Health Services:

- A) Request to fill the vacant position of Public Health Nurse, base salary of \$43,150, Grade 21, Employee No. 10298, due to resignation. This position is not mandated and is reimbursed from Medicare, Medicaid and private health insurances. The Notice of Intent to Fill Vacant Position is attached.
- B) Request to authorize distribution of an annual \$1,500 stipend to the hourly pay rate of Nurses in Health Services, as opposed to dividing the stipend over twenty-six County pay periods.

Westmount Health Facility:

- C) Request to fill the vacant position Dietary Service Supervisor, base salary of \$41,246, Employee No. 5709, due to retirement. The Notice of Intent to Fill Vacant Position is attached.
- D) Request to fill the vacant position of Social Worker, base salary of \$34,776, Grade 14, Employee No. 9796, due to resignation. The Notice of Intent to Fill Vacant Position is attached.

2) Referral from the Human Services Committee:

Office for the Aging:

Request to fill the vacant position of Meal Site Cook #8, base salary of \$17,472, thirty hours per week, Employee No. 10209, due to retirement. This position is mandated and is 25% reimbursed. The Notice of Intent to Fill Vacant position is attached.

3) Referrals from the Social Services Committee:

Social Services:

- A) Creating the position of Keyboard Specialist #4, base salary of \$23,799, Grade 3, and deleting the position of Typist #9, base salary of \$23,799, Grade 3; thereby amending the Department's Table of Organization.
- B) Creating the position of Keyboard Specialist #5, base salary of \$23,799, Grade 3, and deleting the position of Typist #5, base salary of \$23,799, Grade 3; thereby amending the Department's Table of Organization.

- C)** Request to fill the vacant position of Keyboard Specialist #5, base salary of \$23,799, Grade 3, Employee No. 9132, due to resignation. This position is mandated and is 100% reimbursed. The Notice of Intent to Fill Vacant Position is attached.

IV. Topics to be reported on/discussions/updates:

- 1)** Discussion on Resolution No. 689, Approving and Adopting County Time Clock Policy and Procedure for the time and attendance system, which was tabled at the October 15, 2010 Board Meeting.
- 2)** Paul Dusek, County Attorney/Administrator, has requested an executive session to discuss labor negotiations.