

A G E N D A
FINANCE COMMITTEE
DECEMBER 9, 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) Authorizing a Revenue Anticipation Note (RAN) for an amount not to exceed \$1 million for the funds needed to cover delays in State reimbursement for the Westmount IGT Program.
 - B) Authorizing the issuance of a Tax Anticipation Note (TAN) for an amount up to \$6.5 million for the funds needed to cover anticipated cash flow shortages in January 2011.
 - C) Requesting a Contingent Fund transfer in the amount of \$95,000 to account for an increase in unemployment insurance expense.
 - D) Discussion of the refinancing of the Siemens leases relative to Bond Counsel.
 - 3) **Referral from the Criminal Justice Committee:**
Assigned Counsel:
Requesting a Contingent Fund transfer in the amount of \$20,000 to increase appropriation to pay mandated costs through the end of the year.
 - 4) **Referrals from the Human Services Committee:**
Employment & Training Administration:
 - A) Amending the 2010 County budget to increase estimated revenues and appropriations in the amount of \$2,988 to reflect receipt of Federal funds.
Office for the Aging:
 - B) Amending the 2010 County budget to increase estimated revenues and appropriations in the amount of \$3,936 to correct an over budget situation in the HEAP salaries code.
 - 5) **Referrals from the Public Safety Committee:**
Sheriff & Communications:
 - A) Extending contract with Warren Tire Service Center for the routine maintenance of Warren County Sheriff and District Attorney's Office vehicles for Zone 1, for a term commencing January 1, 2011 and terminating December 31, 2011.

- B) Extending contract with Warrensburg Car Care for the routine maintenance of Warren County Sheriff and District Attorney's Office vehicles for Zone 2, for a term commencing January 1, 2011 and terminating December 31, 2011.
 - C) Authorizing the County Treasurer to amend the 2011 Budget upon written request of the Sheriff to allow use of Byrne Grant and Alien Assistance Grant funding not to exceed the amounts received in advance from Federal funding for these grants.
 - D) Amending the 2010 County budget to increase estimated revenues and appropriations in the amount of \$5,831 to allow for payment of Unificare (Justice Benefits) for collection and processing of State Criminal Alien Assistance data per contractual agreement.
 - E) Authorizing a contract with Hudson Headwaters Health Network for health care services to be provided at the Warren County Correctional Facility, commencing January 1, 2011 and terminating December 31, 2011, for a lump sum amount of \$503,000.
- 6) **Referral from the Public Works Committee:**
DPW:
Amending the 2010 County budget to increase estimated revenues and appropriations in the amount of \$4,514 to reflect services to other Governments.
- 7) **Referral from the Social Services Committee:**
Amending the 2010 County budget to increase and decrease estimated revenues and appropriations in the amounts of \$482,500 and \$275,000 to cover shortfalls within various Departmental codes.
- 8) Authorizing payments to Adirondack Community College for a total amount of \$1,772,161 in three installments as follows: January 2011 \$590,720; April 2011 \$590,720; and July 2011 \$590,721.
- 9) Authorizing payment to Treasurer of Warren County Soil & Water Conservation District for a total amount of \$268,000 in two installments as follows: January 1, 2011 \$134,000 and July 1, 2011 \$134,000.
- 10) Authorizing payment of invoice to Clark Patterson Lee in the amount of \$4,680 for services related to the investigation of the ceiling collapse; said funds to be expended from Capital Project No. H263.9550 280 - Design and Construction of Health & Human Services Building.

11) Authorizing payment of invoice to Clark Patterson Lee in the amount of \$13,755 for contract amendment for additional asbestos testing and contractor negotiations; said funds to be expended from Capital Project No. H315.9550 280 -Abatement and Demolition of Annex Building #10.

12) Finance Committee action is required on the following item as approved by the Personnel Committee: Item Nos. 2, 3B and 4.

IV. Topics to be reported on/discussions/updates

1) 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: Treasurer

Name of Department : Treasurer

SIGNED: 

DATE: December 2, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.9760 710	Tax Anticipation Note Interest	A.9760 710	Bond Anticipation Note Interest	\$36,218

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

Please state reason for transfers requested: To cover additional BAN interest costs not included in budget.

*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.9050 850	Unemployment Insurance	\$95,000

Please state reason for transfer request: To account for an increase in unemployment insurance expense

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: December 1, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.82500.1800 860	Westmount, Laundry & Linen Serv, Group Health Ins, Hosp	EF.82500.700 120	Westmount, Laundry & Linen Serv, FSH, HK, LL Salaries - OT	500.00
EF.73300.1800 860	Westmount, Physical Therapy, Group Health Ins., Hosp	EF.73300.500 120	Westmount, Physical Therapy, Aides, Orderlies, Salaries - OT	10.00

**Please state reason for transfers requested: over expended expense accounts.
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: December 7, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
EF.73800.0200 110	Westmount, Social Services, Cook & Social Worker Wages Salaries – Regular	EF.73800.0200 130	Westmount, Social Services, Cook & Social Worker Wages, Salaries – Part Time	\$ 2,304.00
EF.82200.7500 414	Westmount, Plant Operations & Maint Gasoline, Gas – Natural	EF.60200.7300 421	Westmount, Nursing Nurses' Station, Equipment Rental	\$ 1,100.00

Please state reason for transfers requested: Part-Time Social Worker, rental of 2 air mattresses.

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

SIGNED: Patricia Saday

DATE: 12/1/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.4018.0055.260	Tobacco Program-Other Equipment	A.4018.0055.410	Tobacco Supplies Expense	\$600.00
A.4016.130	Health Services -Part time Salary	A.4016.120	Health Services -LTC Overtime Salary	\$400.00
A.4018.0030.260	Disease Program-Other Equipment	A.4018.0030.435	Disease Program-Medical Supplies Expense	\$350.00
A.4018.0040.260	Health Education-Other Equipment	A.4018.0040.410	Health Education -Supplies Expense	\$500.00
A.4054.0060.210	Early Intervention-Furniture Expense	A.4054.0060.410	Early Intervention -Supplies Expense	\$100.00
Total Transfers				<u>\$1,950.00</u>

Please state reason for transfers requested:

1. To transfer funds for Tobacco program from equipment to supplies needed.
2. To transfer funds for those LTC staff who work OT needed for LTC only.
3. To transfer funds from Disease Program from Equipment to Medical Supplies expense.
4. To transfer funds in Health Education from Equipment to Supplies expense for coverage to year end.
5. To transfer funds in Early Intervention from Equipment to Supplies expense to cover expenses to year end.

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: EMPLOYMENT AND TRAINING ADMINISTRATION
Name of Department

SIGNED: Chris A. Hensing DATE: 12/1/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
WIA Adult Stimulus 40 6293.0345 434	Allowances	40 6293.0345 110	Salaries – Regular	\$ 30.00
WIA Dislocated Worker Stimulus 40 6293.0346 130	Salaries – Part Time	40 6293.0346 110	Salaries – Regular	\$1,346.10
WIA Dislocated Worker Stimulus 40 6293.0346 810	Retirement	40 6293.0346 110	Salaries – Regular	\$1,300.00

Please state reason for transfers requested: To align budget with grant activities as necessary to close out grant program, Adult Stimulus is 98% expended and Dislocated Worker Stimulus is 92% expended.

*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.

NOTE: All requests involve federal grant funds; no local county funds are included.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Board of Elections

SIGNED:

DATE: 11-30-10

<u>FROM CODE</u>	<u>TITLE</u>		<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1450-10-470	Contracts	to	1450-10-260	Other Equipment (Metal Shelving for ballot storage)	\$3,000.00

Please state reason for transfers requested: Facilities has no shelving available for the basement storage area for our ballot retention requirements for the new voting system.

*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			

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: *Jeffrey E. Thompson*

DATE: 12/1/2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5020 110	Engineering Salaries	A.1490 140	DPW Admin Sick Incentive	\$ 800.00
A.1620 110	Bldg. Salaries	A.1620 140	Bldg. Sick Incentive	\$ 2,000.00
A.1621 110	Bldg. # 11 Salaries	A.1621 140	Bldg. 11 Sick Incentive	\$ 400.00
A.1620 110	Health & Human Service Bldg	A.1624 140	Health & Human Services Bldg	\$ 1,200.00
D.5020 110	Engineering Salaries	D.5020 140	Engineering Sick Incentive	\$ 400.00
D.5142 110	County Snow & Ice	D.5110 140	Maint. Of Roads Sick Incentive	\$ 5,200.00
DM.5130 110	Road Machinery Salaries	DM.5130 140	Road Machinery Sick Incentive	\$ 2,800.00
A.7110 120	Parks & Rec. Overtime	A.7110 140	Parks & Rec. Sick Incentive	\$ 1,200.00
D.3310 110	Traffic Salaries	D.3310 140	Traffic Sick Incentive	\$ 400.00
D.5020 110	Engineering Salaries	A.7111 140	Up Yonda Sick Incentive	\$ 1,200.00

Please state reason for transfers requested:

Budget transfer of salaries to proper accounts for payments of sick time incentive.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

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

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REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS
Name of Department

SIGNED: _____ DATE: 12/2/2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5020 110	Engineering Salaries	A.1490 110	DPW Admin. Salaries	\$ 5,000.00
A.1620 110	Bldgs & Grounds Sal	A.1624 110	Health & Human Serv. Bldg Sal.	\$ 1,000.00
D.5142 110	Snow & Ice Salaries	D.5110 110	County Road- Salaries	\$ 16,000.00

Please state reason for transfers requested:

To adjust salaries to eliminate year end negative balances.

A transfer was done earlier this year to cover retirements, however, transfer was short \$5,000.

To re-allocate Salaries between Health & Human Services Building and Building and Grounds.

To re-allocate Salaries between County Road Salaries and Snow & Ice Salaries do to amount of Snow Fall for year.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

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

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REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 12/2/2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5110 410	County Road Maint. Sal.	D.5110 130	County Road Maint. Temp Sal	\$ 2,000.00

Please state reason for transfers requested:

Temporary Maintenance Worker addition

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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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. 10

Request for Transfer of Funds

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

FROM: SOCIAL SERVICES

Name of Department

SIGNED: DATE: 12/3/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010.810	RETIREMENT	A.6010.230	AUTOMOTIVE EQUIPMENT	\$2,000

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

Please state reason for transfers requested: Unanticipated shortfall

*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. 10

Request for Transfer of Funds

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

FROM: Countryside Adult Home
Name of Department

SIGNED: **DATE: 12/7/2010**

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6030.130	Salaries - Part Time		A6030.120	
	Salaries - Overtime	\$3,000.00		

Please state reason for transfers requested: ShortFall in Overtime

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 439	Contingent Fund			

Please state reason for transfer request: There is not enough money in Salaries - Overtime, to cover the Christmas holiday.

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:

Name of Department

SIGNED:

Joan Sady

DATE:

12/7/2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1010 470	Legislative Board – Contract	A.1040 220	Clerk of Legislative Board – Office Equipment	\$60.00

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

Please state reason for transfers requested: purchase of fax machine

*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. 10

Request for Transfer of Funds

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

FROM: TOURISM
Name of Department

SIGNED: **DATE:** 12/3/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 6417 481	PROMOTION	A.6417 260	OTHER EQUIPMENT	\$730.00

Please state reason for transfers requested: to purchase a NIKON D3100 Digital Camera from Ray Supply, under State Contract # PC64112.

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:

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: TOURISM
Name of Department

SIGNED: **DATE:** 11/3/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 6417110	Salaries - Regular	A.6417 860	Hospitalization	\$6,000
A. 6417110	Salaries - Regular	A.6417 865	Dental Insurance	\$ 100
A.6417110	Salaries - Regular	A.6417 810	Retirement	\$9,500

Please state reason for transfers requested: Hospitalization and Dental Insurance premiums were underbudgeted for 2009 and 2010. The deficit for 2009 was closed to the Occupancy Tax Reserve. Our transfer in April for these two codes appears to have been inadequate. The amount budgeted for Retirement, although adequate in 2009, is underbudgeted for 2010. We are looking to cover these deficiencies before the end of the year, with money leftover in Salaries. (Employee transferred to the Treasurer's office effective 2/22/10 and was not replaced.)

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:

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: TOURISM
Name of Department

SIGNED: **DATE:** 12/6/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A. 6417 410	OFFICE SUPPLIES	A.6417 220	OFFICE EQUIPMENT	\$155.00

Please state reason for transfers requested: to purchase (2) Video Cards to set up dual monitors for two of our employees

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:

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: Sheriff Nathan H. York
Sheriff Office

SIGNED: _____



DATE: 12/07/2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3110 130	Salary – PT	A.3110 140	Sick Leave Inc.	\$6,800
A.3110 110	Salary	A.3110 120	Overtime	\$13,000
A.3020 470	Contracts	A.3110 120	Overtime	\$20,000
A.3150 110	Salary	A.3150 120	Overtime	\$22,000
A.3150 140	Sick Leave Inc.	A.3150 120	Overtime	\$4,200
A.3150 250	Tech. Equip.	A.3150 120	Overtime	\$2,800
A.3150 250	Tech. Equip.	A.3150 130	Salary-PT	\$800
A.3150 422	Rep/Man Equip.	A.3150 130	Salary-PT	\$1,400

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

Please state reason for transfers requested:

Transfer of funds is necessary to cover expected shortfalls in the indicated codes.

*Please note: All amounts must be inwhole 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. 10

Request for Transfer of Funds

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

FROM: Assigned Counsel
Name of Department

SIGNED:  DATE: 12/7/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 110	Salaries Regular	A.1170 440	Legal/Transcript Fees	\$30,000.

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

Please state reason for transfers requested: To increase appropriation to pay mandated costs through the end of the year.

*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.1170 440	Legal/Transcript Fees	\$20,000.

Please state reason for transfer request: To increase appropriation to pay mandated costs through the end of the year.

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

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: December 2, 2010

- (a) Purpose of Request: Authorize the issuance of a Revenue Anticipation Note up to \$1.0 million.

- (b) Details: Funds needed to cover delays in State reimbursement for the Westmount IGT program.

- (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. 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: December 2, 2010

- (a) Purpose of Request: Authorize the issuance of a Tax Anticipation Note up to \$6.5 million.

- (b) Details: Funds needed to cover anticipated cash flow shortages in January, 2011

- (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: Treasurer

Name of Department : Treasurer

SIGNED: 

DATE: December 2, 2010

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.9760 710	Tax Anticipation Note Interest	A.9760 710	Bond Anticipation Note Interest	\$36,218

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

Please state reason for transfers requested: To cover additional BAN interest costs not included in budget.

*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.9050 850	Unemployment Insurance	\$95,000

Please state reason for transfer request: To account for an increase in unemployment insurance expense

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: Assigned Counsel

Name of Department

SIGNED:

DATE: 12/7/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 110	Salaries Regular	A.1170 440	Legal/Transcript Fees	\$30,000.

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

Please state reason for transfers requested: To increase appropriation to pay mandated costs through the end of the year.

*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-	A.1170 440	Legal/Transcript Fees	\$20,000.
	Other Payments/Contributions			

Please state reason for transfer request: To increase appropriation to pay mandated costs through the end of the year.

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: Employment and Training Administration

DATE: December 1, 2010

- (a) Purpose of Amendment: add federal funds to county budget

- (b) Appropriation Code, Object Code, Full Title and Amount: 40.6290.0352 433 -
WIA PY 2009 Incentive Award, Training-Client \$2,988

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: 40.6290.0352 4797 - WIA Incentive
Award - \$ 2,988

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

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: Office for the Aging

DATE: December 1, 2010

- (a) Purpose of Amendment: To correct over budget situation in HEAP salary GL

- (b) Appropriation Code, Object Code, Full Title and Amount: A.6783 110 Home Energy Assist. Prog Salaries Regular \$ 3,936.00

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.6783 464 Home Energy Assist. Prog-Heap OFA- Federal aid \$3,936.00

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Sheriff

DATE: 11/29/10

- (a) Purpose of Contract Change: *Extend Contract*
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: *895 of 2005*
- (c) Name of Contractor: *Warren Tire Service Center*
- (d) Address of Contractor: *Gouverneur NY*
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: *1/1/11*
- (g) Termination Date of Extension: *12/31/11*
- (h) Payment Provisions: i) lump sum amount
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.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

A3110 441

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: *Sheriff*

DATE: *11/29/10*

- (a) Purpose of Contract Change: *Extend Contract*
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: ~~896~~ *896 of 2008*
- (c) Name of Contractor: *Warrensburg Car Care*
- (d) Address of Contractor: *Rt 9 Warrensburg Mo*
- (e) Contractor's Contact Person and Telephone Number: *Fred Witz - 623-2131*
- (f) Commencement Date of Extension: *1/1/11*
- (g) Termination Date of Extension: *12/31/11*
- (h) Payment Provisions: i) lump sum amount
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.
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:

A3110.441

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: Sheriff - Correction Division

DATE: 11/29/2010

- (a) Purpose of Request: Authorizing the Treasurer to amended the budget upon written requested from the Sheriff

- (b) Details: Authorizing the Treasurer to amended the budget upon written requested from the Sheriff to allow for the use of Byrne Grant Funding (A.3150 4313) and Criminal Alien Assistance Funding (A.3150 4379). Revenues and appropriations shall be in equal amounts and not exceed the revenue code balance. This resolution shall remain in effect for the calendar year 2011.

- (c) Previous Resolution Number: None

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: Sheriff - Correction Division A.3150 4313 Byrne Grant
- (e) A.3150 4379 Criminal Alien Assistance Prog.

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

* as listed in budget and LOGOS

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: Sheriff-Correction Division

DATE: 11-30-2010

(a) Purpose of Amendment:

To amend the current budget to allow for payment of Unicare (Justice Benefits) for collection and processing of State Criminal Alien Assistance data per contractual agreement.

(b) Appropriation Code, Object Code, Full Title and Amount:

A.3150 439 Sheriff-Correction Division Misc. Fees and Expenses \$5,830.60

\$5831.00

Sample: A.1010 470 Legislative Board – Contract

(c) Revenue Code (with title), and Amount:

A.691.06 Defferred Revenue/Sheriff-SCAAP \$5,830.60

\$5831.00

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff - Correction Division

DATE: 12/07//2010

A. Is this a Result of a Bid or Request for Proposal? No-Exempt

B. Purpose of Contract: Health Care Services to be provided at the Warren County Correctional Facility and all serves provided at HHHN Health Centers.

C. Name of Contractor: Hudson Headwaters Health Network

D. Address of Contractor: 9 Carey Road

E. Contractor's Contact Person and Telephone Number: Christopher Tournier 518-761-0300

F. Has or will the Contract be provided, if so, please attach: Prepared by County Attorneys Office

G. Commencement Date of Contract: 01/01/2011

H. Termination Date of Contract: 12/31/2011

I. Payment Provisions:

i) lump sum amount \$503,000

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. **Quarterly)**

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.3150 470 – Sheriff Correction Division Contracts \$ 503,000.00

***as listed in budget and LOGOS**

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: Public Works, Services to Other Governments

DATE: 12/1/2010

(a) Purpose of Amendment To increase Budgeted Revenues and Expenses in Services to other Governments. The Department completed more paving than was estimated in the budget causing negative balances in salary accounts.

(b) Appropriation Code (with title), Object Code (with title) and Amour Dept.D.5148 - County Road Services to Other Gov. - DPW
Code 110 - Salaries - Full Time: \$3297
Code 120 - Salaries - Over Time: \$1217

(c) Revenue Code (with title), and Amoun Dept.D.5148 - County Road Services to Other Gov. - DPW
Code D.5148 2306 - Charges to Other Governments \$4514

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: 11/23/10

(a) Purpose of Amendment: To transfer funds to cover expenditures

(b) Appropriation Code, Object Code, Full Title and Amount:

Increase:	A. 6119 470	Child Care	\$450,000
	A. 6010 850	Unemployment Insurance	\$ 32,500
		TOTAL	\$482,500

Decrease:	A.6010 411	Rent-Building/Property	\$127,500
	A.6010 418	Ins. - General Liability	\$ 5,000
	A.6109 470	Aid to Dependent children	\$100,000
	A.6140 470	Home Relief	\$250,000
		TOTAL	\$482,500

Sample: A.1010 470 Legislative Board – Contract

(c) Revenue Code (with title), and Amount:

(d) Increase:	A.3619	Child Care	\$112,500
(e)	A.4619	Foster Care	\$162,500
(f)		TOTAL	\$275,000

Decrease:	A.3610	Social Services Admin	\$ 25,000
	A.4610	Social Services Admin	\$ 50,000
	A.3609	Aid for Family Assistance	\$ 25,000
	A.4609	Aid for Dependent Children	\$ 50,000
	A.3640	Home Relief	\$ 125,000
		TOTAL	\$ 275,000

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

Warren County Board of Supervisors

RESOLUTION NO. 20 OF 2010

Resolution introduced by Chairman Monroe *Finance Comm.*

AUTHORIZING PAYMENTS TO ADIRONDACK COMMUNITY COLLEGE

WHEREAS, the Board of Supervisors of Warren County has appropriated, in the budget for the year ²⁰¹¹ 2010, the sum of One Million Seven Hundred Eighty-Two Thousand Six Hundred and Seventy-Two Dollars ^(1,782,672) (\$1,782,672) as the cost of the share of the County of Warren for the operation of Adirondack Community College under the joint sponsorship of the Counties of Warren and Washington, now, therefore, be it

RESOLVED, that the County Treasurer be, and hereby is, authorized and directed to pay to the Treasurer of Adirondack Community College the sum of One Million Seven Hundred Eighty-Two Thousand ^{\$1,782,672} Six Hundred and Seventy-Two Dollars (\$1,782,672), in three (3) installments, as follows:

<u>MONTH</u>	<u>OPERATING</u>
January, 2010 ²⁰¹¹	\$ 594,224 ^{590,720}
April, 2010 ²⁰¹¹	\$ 594,224 ^{590,720}
July, 2010 ²⁰¹¹	\$ 594,224 ^{590,720}
	\$1,782,672
	^{\$ 1,782,672}

Warren County Board of Supervisors

RESOLUTION NO. 21 OF 2010

Resolution introduced by Chairman ~~Monroe~~ *Finance Comm*

AUTHORIZING PAYMENT TO TREASURER OF WARREN COUNTY SOIL & WATER CONSERVATION DISTRICT

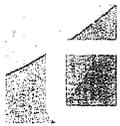
WHEREAS, an appropriation of Two Hundred and ^{Sixty-Eight} Ten Thousand Dollars (^{\$268,000}\$210,000) was made in the Warren County Budget for 2010 for the Warren County Soil & Water Conservation Program, and

WHEREAS, Resolution No. 376 of 1997 authorized the Warren County Soil & Water Conservation District to secure fidelity insurance coverage in lieu of a surety bond as previously authorized, now, therefore, be it

RESOLVED, that the Treasurer of the Warren County Soil & Water Conservation District shall file with the Clerk of the Warren County Board of Supervisors a certificate of insurance demonstrating fidelity insurance coverage with limits of Fifty Thousand Dollars (\$50,000) for employee dishonesty coverage and limits of Two Thousand Dollars (\$2,000) for money and securities coverage, and be it further

RESOLVED, that after January 1, 2010, and upon the filing of such certification of insurance by the Treasurer of the Warren County Soil & Water Conservation District with the Clerk of the Board of Supervisors, in the form approved by the Clerk of the Board of Supervisors, the County Treasurer be, and hereby is, authorized and directed to pay to the Treasurer of the Warren County Soil & Water Conservation District the sum of Two Hundred and ^{Sixty-Eight} Ten Thousand Dollars (^{\$268,000}\$210,000), as follows:

<u>DATE</u>	<u>AMOUNT</u>
January 1, 2010 <i>2011</i>	\$105,000 <i>\$124,000</i>
July 1, 2010 <i>2011</i>	\$105,000 <i>\$134,000</i>
	<u>\$210,000</u> <i>\$268,000</i>



Invoice

Clark Patterson Lee

DESIGN PROFESSIONALS

November 05, 2010

Project No: 11017.07

Invoice No: 39376

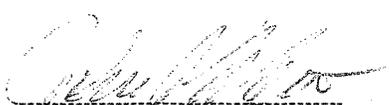
PAUL DUSEK
WARREN COUNTY ADMINISTRATIVE & FISCAL
SERVICES
WARREN COUNTY MUNICIPAL CENTER
1340 STATE RT. 9
LAKE GEORGE, NY 12845-9803

NEW HUMAN SERVICES BUILDING @ MUNI CTR

Professional Services for the period ending October 22, 2010

Fee

Billing Phase	Fee	Percent Complete	Earned
Schematic Design	91,000.00	100.00	91,000.00
Site Survey	5,000.00	100.00	5,000.00
Geotechnical	14,700.00	100.00	14,700.00
SEQR	30,000.00	100.00	30,000.00
Hazard Design Services	14,900.00	100.00	14,900.00
Design Development	167,500.00	100.00	167,500.00
Construction Documents	308,900.00	100.00	308,900.00
Bidding (Site & Building)	82,800.00	100.00	82,800.00
Construction Admin (Site & Building)	253,200.00	100.00	253,200.00
Building Move (2/13/09 Proposal)	17,245.00	100.00	17,245.00
FF&E and Miscellaneous (9/30/09 Proposal)	39,254.00	100.00	39,254.00
Ceiling Collapse Investigation to Date	4,680.00	100.00	4,680.00
Total Fee	1,029,179.00		1,029,179.00
	Previous Fee Billing		1,024,499.00
	Current Fee Billing		4,680.00
	Total Fee		4,680.00
		Total this Invoice	\$4,680.00


John J. Martin, P.E.

Handwritten notes:
2.08
11/9/10

PLEASE REFERENCE INVOICE NUMBER ON PAYMENT

540 Broadway
3rd Floor, Suite 3B
Albany, NY 12207
clarkpatterson.com
518.463.4107 TEL
518.463.3823 FAX

Services related to the Investigation of the Ceiling Collapse on July 16, 2010.

Calculations and Analysis: \$3,210

- a. Joe R.: 2 hours
- b. Robin D. : 2 hours
- c. Jon N.: 10 hours
- d. John M.: 11 hours
- e. Matt S.: 2 hours

July 20, 2010 Conference Call: \$255

- a. John M.: 1 hour
- b. Jon N.: 1 hour

July 30, 2010 Meeting: \$255

- a. Jon N.: 1 hours
- b. John M.: 1 hours

August 5, 2010 Conference Call: \$255

- a. Jon N.: 1 hours
- b. John M.: 1 hours

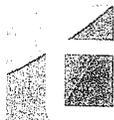
August 11, 2010 Conference Call: \$105

- a. Jon N.: 1 hours

September 16, 2010 Meeting and subsequent Investigation: \$600

- a. John M.: 41 hours

Total Fee to Date for the Ceiling Collapse - \$4,680



Invoice

Clark Patterson Lee
DESIGN PROFESSIONALS

November 05, 2010
Project No: 11017.08
Invoice No: 39380

PAUL DUSEK
WARREN COUNTY ADMINISTRATIVE & FISCAL
SE
WARREN COUNTY MUNICIPAL CENTER
1340 STATE RT. 9
LAKE GEORGE, NY 12845-9803

WESTMOUNT DSS DEMOLITION

Professional Services for the period ending October 22, 2010

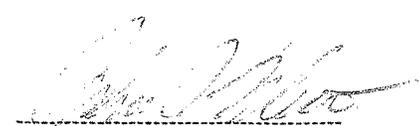
Fee

Billing Phase	Fee	Percent Complete	Earned
Bidding	21,382.00	100.00	21,382.00 ✓
Construction Phase	56,486.00	90.00	50,837.40
Contract Amendment for Additional Testing and Contractor Negotiation	13,755.00	100.00	13,755.00 ✓
Total Fee	91,623.00		85,974.40
	Previous Fee Billing		32,679.20
	Current Fee Billing		53,295.20
	Total Fee		53,295.20

Reimbursable Expenses

POSTAGE			
11/12/2009	FEDERAL EXPRESS		22.11 ✓
1/25/2010	FEDERAL EXPRESS		19.57 ✓
3/5/2010	FEDERAL EXPRESS		27.10 ✓
6/29/2010	FEDERAL EXPRESS		24.80
TRAVEL			
6/15/2010	NORRIS, JON		112.84 ✓
6/15/2010	NORRIS, JON		374.25 ✓
9/22/2010	NORRIS, JON		195.78 ✓
9/22/2010	NORRIS, JON		546.75 ✓
	Total Reimbursables		1,323.20

Total this Invoice \$54,618.40



John J. Martin, P.E.

PLEASE REFERENCE INVOICE NUMBER ON PAYMENT

540 Broadway
3rd Floor, Suite 3B
Albany, NY 12207
clarkpatterson.com
518.463.4107 TEL
518.463.3823 FAX

Contract Amendment for Additional Asbestos Testing and Contractor Negotiation

AECOM – Proposal Attached : \$8,700

AECOM – Proposal Attached : \$1,400

Calculations and Analysis: \$2,635

- a. Steve M.: 1 hours
- b. Jon N.: 10 hours
- c. John M.: 10 hours

June 29, 2010 Conference Call: \$255

- a. John M.: 1 hour
- b. Jon N.: 1 hour

June 30, 2010 Meeting: \$510

- a. Jon N.: 2 hours
- b. John M.: 2 hours

July 13, 2010 Conference Call: \$255

- a. Jon N.: 1 hours
- b. John M.: 1 hours

The Total Fee for the Asbestos Abatement is \$13,755.

A G E N D A
PERSONNEL COMMITTEE
DECEMBER 9, 2010

I. Committee meeting called to order by Chairman.

II. Motion to approve minutes of prior Committee meeting.

III. Action Agenda

1) Referral from the County Facilities Committee:

Request to fill the vacant position of Cleaner #9, base salary of \$23,298, Grade 2, due to disability. This position is not mandated and is not reimbursed. The Notice of Intent to Fill Vacant Position is attached.

2) Referral from the County Treasurer:

Creating the position of Accounting Technician, base salary of \$38,000 to \$42,000 depending on experience and qualifications, effective January 17, 2011; and deleting the positions of Senior Account Clerk, base salary of \$29,031, Grade 7 and Principal Account Clerk, base salary of \$32,516, Grade 10; thereby amending the Department's Table of Organization.

3) Referrals from the Health Services Committee:

Health Services:

A) Request to fill the vacant position of Public Health Nurse #15, base salary of \$43,150, Grade 21, Employee No. 10495, due to resignation. This position is not mandated and is reimbursed depending upon patient's insurance pay source. The Notice of Intent to Fill Vacant Position is attached.

Westmount Health Facility:

B) Request to reclassify the position of RN 2 #5, base salary of \$42,082 to the position of Health Information Manager, base salary of \$42,082, effective December 10, 2010; thereby amending the Department's Table of Organization.

4) Referral from the Human Services Committee:

Employment & Training Administration:

Request to reclassify the position of Principal Account Clerk, base salary of \$31,957 (2010 Grade 10 pay level) to the position of Employment & Training Account Manager, base salary of \$34,564 (2011 Grade 13 pay level), effective January 3, 2011; thereby amending the Department's Table of Organization.

5) Referral from the Public Safety Committee:

Sheriff & Communications:

Request to fill the vacant position Communications Officer #9, base salary of \$33,534, Employee No. 11184, due to resignation. This position is not mandated and is not reimbursed; however, there will be a savings of \$8,912 to the budget for a new hire.

6) Referrals from the Public Works Committee:

DPW:

- A) Request to fill the vacant position of Motor Equipment Operator (MEO) Light #5, base salary of \$25,916, Grade 5, due to termination. The Notice of Intent to Fill Vacant Position is attached.
 - B) Request to fill the vacant position of Assistant Engineer #1, base salary of \$43,296, due to promotion. The Notice of Intent to Fill Vacant Position is attached.
- 7) Amending Resolution No. 657 of 2010 to correct the effective date of retirement for the position of CASA Coordinator to October 21, 2010.

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

- 1) Todd Lunt, Human Resources Director, has requested to address the Committee regarding an update to Resolution No. 714 of 2010, Approving and Adopting County Time Clock Policy and Procedure for Time and Attendance System.
- 2) Paul Dusek, County Attorney/Administrator, has requested to address the Committee regarding the review of vacation leave time for high level employees beginning with the County.