

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

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, termination or promotion. 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

Department Westmount/Dietary Payroll Dept. No. 41.09
Title of Position Dietary Supervisor Annual Salary 45,946.00 Grade N/A
Budget code and title EF82100.100 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 11886
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State 57% Other %
Impact to Budget: no
Human Resources Director has approved this form when initiated. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Health Services Date 12/7/11

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services Date 12/7/11

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

Ranking Committee Member Signature _____

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.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Westmount Health Facility

DATE: December 7, 2011

- (a) Purpose of Contract Change: Include additional 10 hour per week (total 27 hours/week) for Resident Dietician Consulting Services.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: Resolution No. 735 of 2009
- (c) Name of Contractor: Lori A.Girard, CDN
- (d) Address of Contractor: 7 Raymond Avenue, Glens Falls, NY 12801
- (e) Contractor's Contact Person and Telephone Number: Lori Girard, 518 792-8690
- (f) Commencement Date of Extension: December 12, 2011
- (g) Termination Date of Extension: Hiring of a new Dietary Supervisor
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount 32.00/per hour
 - 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, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: EF.82100.2900 437 Westmount, Dietary Services, Consulting Fee's.- Contract \$28,288.00

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx