

Sheriff's Committee Agenda 07/25/11

1. Committee meeting called to order by Chairman
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. Request to fill vacant Correction Officer Position #31 due to resignation.
2. Request to fill vacant Correction Officer Position #28 due to termination
3. Request authorization to send PO James Fidd & PO Richard Swan to Glock Armorer's School in Albany, NY.
4. Request authorization to send Inv. Kevin Conine to executive training in Lake Placid NY.
5. Request to transfer funds from Correction Salaries to Corrections OT code in amount of \$40,000.00.

Topics for Discussion

1. Gas, OT Corrections, Revenue Corrections.

Old Business / Pending Items

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 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

Department Sheriff-Correction Division

Title of Position Correction Officer

Base salary 33,533.63

Budget code and title A. 3150 110 - Sheriff Correction Division Salaries

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 10527 / CO# 31

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

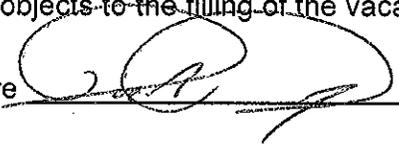
Impact to Budget: Saving of \$8,912.30

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Public Safety Sheriff Date 7/25/11

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

The Commissioner objects to the filling of the vacancy.

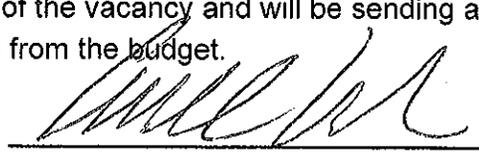
Commissioner Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety - Sheriff Date 7/25/11

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 

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

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

The Personnel 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 _____

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 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

Department Sheriff-Correction Division

Title of Position Correction Officer

Base salary 33,533.63

Budget code and title A. 3150 110 - Sheriff Correction Division Salaries

This position is vacated due to: Retirement Resignation Termination Promotion
 Other

Employee No. 9106 / CO# 28

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

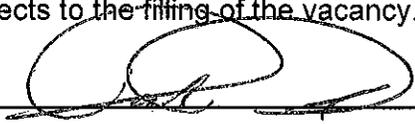
Impact to Budget: Saving of \$11,697.43

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Public Safety Sheriff Date 7/25/11

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

The Commissioner objects to the filling of the vacancy.

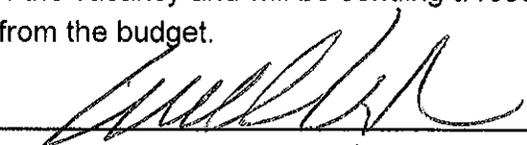
Commissioner Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety Sheriff Date 7/25/11

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 

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date _____

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

The Personnel 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 _____

Authorization To Attend Meeting or Convention

Check One:

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

The Public Safety Committee hereby authorizes PO James A. Fidd, PO Richard M. Swan
(committee) (name)

To attend Glock Armorer's School
(name of meeting or organization)

At 1220 Washington Avenue Bldg. #24 Albany, NY
(address)

On 10-04-2011. Mode of Transportation to be used County Vehicle
(dates) (county vehicle or mass transportation)

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

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 \$ _____ GSA Rate \$ _____
 Meal costs – GSA per diem rate \$ _____
(see www.gsa.gov)

Date: 7/19/11 Signature [Signature]
(department head)
Date: 9/25/11 Signature [Signature]
(Committee Chairman)

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 A Fleet Vehicle

Filing Instructions:

1. Original with voucher to Auditor
2. Copy to Frank Morehouse if fleet vehicle is requested
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.



PROFESSIONAL

REGISTRATION SUMMARY

This document is only a summary of your registration.
Please note that you are not signed up for the class until you receive a confirmation.

CLASS INFO:

Class 101221: Armorer's Course
Date: Tuesday, October 04, 2011
Location: New York State Police Academy Sgt. Brian Wachtel, 1220 Washington Ave. Bldg #24 - Albany, NY
Host: New York State Police Sgt. Brian Wachtel
Instructor: Doneburgh

STUDENT:

Name: Patrol Officer James A. Fidd
Category (with Comment): Active Law Enforcement: Warren County Sheriff's Office
U.S. Citizen/permanent resident: yes

EMPLOYER ADDRESS:

Department: Warren County Sheriff's Officer
Street: 1400 State Route 9
City: Lake George Warren
State: NY, 12845 USA
Phone: 518-743-2500
Mobile:
Fax: 518-743-2519
E-mail: robert.smith@sheriff.co.warren.ny.us
The invoice is sent to this address. The certificate is sent to this address.

HOME ADDRESS: -

PAYMENT INFORMATION:

Payment type: PO #195

ADDITIONAL DATA:

Recertifying: yes
Weapon: 21
Duty weapon: Yes
Agency size: 75
Accepted terms and conditions: Yes

Confirmations will not be sent until valid proof of payment type is submitted.
Certificates will not be sent until actual payment has been received.

For further information please contact:

GLOCK Professional, Inc.

P.O. Box 1254
Smyrna, GA 30081
USA

Tel.: 770 - 432 1202
Fax.: 770 - 437 4712



REGISTRATION SUMMARY

PROFESSIONAL

This document is only a summary of your registration.
Please note that you are not signed up for the class until you receive a confirmation.

CLASS INFO:

Class 101221: Armorer's Course
Date: Tuesday, October 04, 2011
Location: New York State Police Academy Sgt. Brian Wachtel, 1220 Washington Ave. Bldg #24 - Albany, NY
Host: New York State Police Sgt. Brian Wachtel
Instructor: Doneburgh

STUDENT:

Name: Patrol Officer Richard M. Swan
Category (with Comment): Active Law Enforcement: Warren County Sheriff's Office
U.S. Citizen/permanent resident: yes

EMPLOYER ADDRESS:

Department: Warren County Sheriff's Office
Street: 1400 State Route 9
City: Lake George Warren
State: NY, 12845 USA
Phone: 518-743-2500
Mobile:
Fax: 518-743-2519
E-mail: robert.smith@sheriff.co.warren.ny.us
The invoice is sent to this address. The certificate is sent to this address.

HOME ADDRESS: -

PAYMENT INFORMATION:

Payment type: PO *9/95*

ADDITIONAL DATA:

Recertifying: yes
Weapon: 21
Duty weapon: Yes
Agency size: 75
Accepted terms and conditions: Yes

Confirmations will not be sent until valid proof of payment type is submitted.
Certificates will not be sent until actual payment has been received.

For further information please contact:

GLOCK Professional, Inc.

P.O. Box 1254
Smyrna, GA 30081
USA

Tel.: 770 - 432 1202
Fax.: 770 - 437 4712

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Sheriff (Supervisory Committee) hereby authorizes Kevin Conine (Employee Name)

to attend Executive Training - NYS Chiefs of Police (Name of meeting or organization)

at Lake Placid (Address)

on 7/18-7/21 (Dates) Mode of transportation to be used Private veh. (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

No cost except registration fee.

For Overnight Travel

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

*www.gsa.gov

Date: 7/5/11

[Signature]
Department Head Signature

Date: 7/25/11

[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.

New York State Association of Chiefs of Police

2011 TRAINING CONFERENCE REGISTRATION FORM

ADVANCE REGISTRATION saves you time and money! If you need to register ON-SITE, the registration desk will be open on Sunday, July 17 from 12:00 Noon to 5:00 PM. Please complete one registration form for each NYSACOP member. All non-members should be registered as guests. Additional registrants should be listed on a separate form. Please note that this form is your registration for the Training Conference only. *You are required to make your own hotel registrations at The High Peaks Resort (see page 4, inside).* **Advance Registrations must be accompanied with payment in full or voucher.**

REGISTRATION CATEGORY	ADVANCE (BEFORE JULY 8)	ON-SITE/LATE	SINGLE DAY * TRAINING SESSION ADVANCE (BEFORE JULY 8)	SINGLE DAY * TRAINING SESSION ON-SITE/LATE
ACTIVE MEMBER	\$150	\$160	\$60	\$70
ACTIVE RETIRED MEMBER	\$105	\$115	\$50	\$60
ASSOCIATE MEMBER	\$150	\$160	\$60	\$70
GUEST OF A REGISTERED MEMBER	\$150	\$160	\$50	\$100
GUEST OF A NON-REGISTERED MEMBER			\$75	\$100
SPOUSE	\$105	\$115		
NON-MEMBER			\$85	\$100
CHILDREN UNDER 16	\$105	\$115		

*Single day registrations do not include special activities. Inquire at Registration Desk for ticket availability for BBQ, Banquet, other.

NYSACOP MEMBERS -- PLEASE PRINT LEGIBLY

NAME: Kevin W. Conine
 TITLE: Investigator
 AGENCY: Warren Co. Sheriff's Office
 ADDRESS: 100 State Route 9
 CITY/ST/ZIP: Lake George, NY 12845
 TELEPHONE: 518 743-2500
 E-MAIL ADDRESS: Kevin.Conine@sheriff.co.warren.ny.us

GUEST -- PLEASE PRINT LEGIBLY

NAME: _____
 TITLE: _____
 AGENCY: _____
 ADDRESS: _____
 CITY/ST/ZIP: _____
 TELEPHONE: _____
 E-MAIL ADDRESS: _____

Refunds will be made after the conference and upon receipt of written request. Checks and vouchers should be made payable to New York State Association of Chiefs of Police, 2697 Hamburg Street, Schenectady, NY, 12303. For more information visit our website at www.nychiefs.org or call us at 518-355-3371, fax 518-356-5767

CHECK OR MONEY ORDER PAYABLE TO: NYSACOP MASTERCARD VISA

CREDIT CARD NO.	EXPIRATION	CVV CODE	NAME AS IT APPEARS ON CARD

OFFICE USE ONLY: Date Rec'd _____ Amount \$ _____ Balance Due \$ _____

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

FROM: Nathan H. York
Name of Department Sheriff

SIGNED: _____ DATE: July 25, 2011

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3050 110	Corrections Salaries	A.30500 120	Corrections/OT	\$40,000.00

Please state reason for transfers requested: OT code is over budget

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

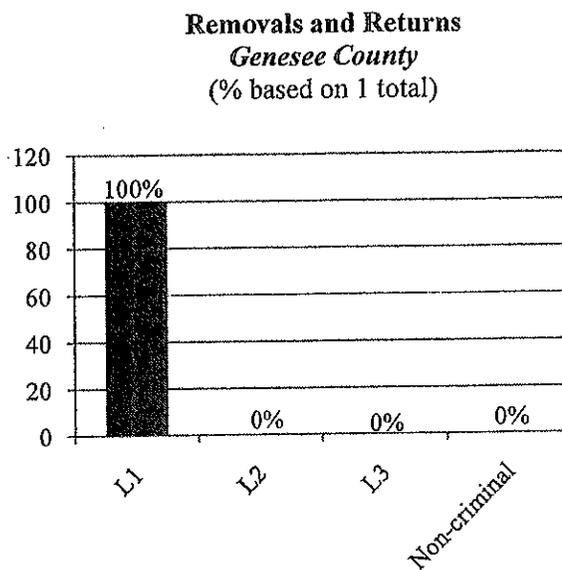
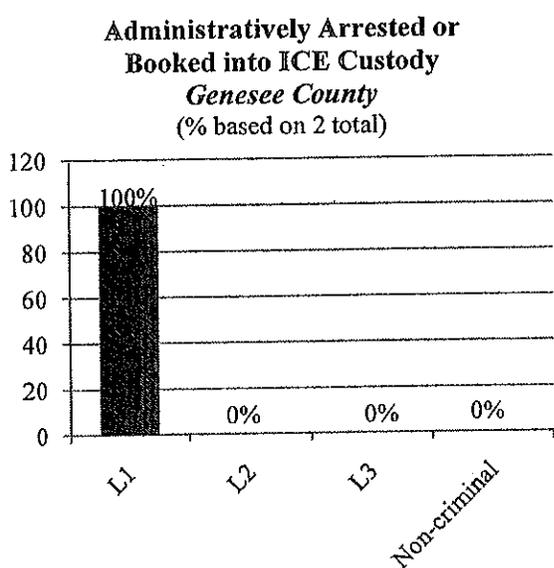
CONTINGENT FUND TRANSFER REQUESTS

<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	<input type="checkbox"/> FORMTEXT <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> FORMTEXT <input type="checkbox"/>	<input type="checkbox"/> FORMTEXT <input type="checkbox"/> <input type="checkbox"/>

Please state reason for transfer request: FORMTEXT

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

Genesee (activated February 8, 2011):



3/228 = **1%** of all submissions turned up matches

1/3 = **33%** of all matches were L1

2/3 = **66%** of all matches were L2/3

2/2 = **100%** of those administratively arrested or booked to ICE custody were L1

0/2 = **0%** of those administratively arrested or booked to ICE custody were L2

0/2 = **0%** of those administratively arrested or booked to ICE custody were L3

0/2 = **0%** of those administratively arrested or booked to ICE custody were non-criminals

1/1 = **100%** of removals or returns were L1

0/1 = **0%** of removals or returns were L2

0/1 = **0%** of removals or returns were L3

0/1 = **0%** of removals or returns were non-criminals