

**WARREN COUNTY
EMPLOYMENT & TRAINING ADMINISTRATION**

Chris A. Hunsinger
Director

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**Warren County
Human Services Committee**

AGENDA

August 27, 2012 – 9:45 AM

1. Request for Authorization to Attend Meeting or Convention (Schedule "A" attached)

2012 NYATEP /USDOL Workforce New York Fall Conference, Syracuse, October 29-31:
Chris A. Hunsinger and Sharon Sano

2. Resolution Request to Appoint Member to the Saratoga-Warren-Washington Workforce Investment Board for the term 9/21/12-6/30/14.

<u>Name</u>	<u>Sector</u>	<u>Company/Agency</u>
Leslie M. Duell	Private Sector	Glens Falls Hospital

3. Other Business

4. Adjournment

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Human Services hereby authorizes Chris Hunsinger & Sharon Sano
(Supervisory Committee) (Employee Name)

to attend Workforce New York 2012 Fall Conference
(Name of meeting or organization)

at Sheraton Syracuse University Hotel and Conference Center Syracuse, New York
(Address)

on October 29-31, 2012. 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

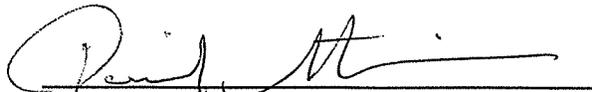
- Room rate \$ 94.00 GSA* Rate \$ 94.00
- Meal costs - GSA*per diem rate \$ 56.00

*www.gsa.gov

Date: 8/27/12


Department Head Signature

Date: 8/27/12


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:

2012 NYATEP Workforce New York Fall Conference Registration

October 30-31, 2012

Sheraton Syracuse University Hotel and Conference Center
801 University Avenue
Syracuse, New York 13210
(315) 475-3000

Registrations will be accepted:

Online: www.nyatep.org/Fax: 1-518-433-7424

Mail: 540 Broadway, 5th Floor, Albany, NY 12207

Name _____ Preferred Badge First Name _____

Title _____ Agency _____

Address _____

Phone _____ Fax _____ E-mail _____

REGISTRATION OPTIONS

Member Early Bird Rate (Received By 9/28/12)	\$405.00 _____
Member Regular Rate (Received after 9/28/12)	\$455.00 _____
Non-Member Early Bird Rate (Received by 9/28/12)	\$475.00 _____
Non member Regular Rate (Received after 9/28/12)	\$525.00 _____

Check as Appropriate:

I require special meals (please specify) _____

I have a disability that requires accommodations _____ (please attach needs)

I volunteer to moderate a workshop session _____

Conference Rate includes registration fee, materials, continental breakfast (10/30 & 10/31), lunch (10/30/12), and breaks. ***There is a \$100 Cancellation Fee for cancellations after 10/19/12. You must call the NYATEP office to cancel prior to 10/19/12 to avoid this fee. Substitutions allowed at any time. No-Shows must pay the Full Registration Fee.***

METHOD OF PAYMENT

___ Check ___ Voucher ___ Purchase Order Credit Card (Visa/Master Card/Amer. Express)

Name: _____ Credit Card# _____ /Exp. Date: _____

Return this form via mail or fax or register on-line at www.nyatep.org before 10/19/12

NYATEP, 540 Broadway, 5th Floor, Albany NY 12207

Fax: 518-433-7424 Phone: 518-433-1200

HOTEL RESERVATION INFORMATION:

You are responsible for making your own room reservations and paying lodging expenses. The room rate at the Sheraton Syracuse University is \$94 Single; \$104 Double. Call 1-315-475-3000 or 800-395-2105 to make reservations. To receive this special group rate, please identify New York Association of Training and Employment Professionals. Reservations must be made by 9/28/12.

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: Employment and Training Administration

DATE: August 27, 2012

- (a) Name of Appointee: Leslie M. Duell, Director of Employment Services
- (b) Is this a Reappointment? no If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title Business Sector - Glens Falls Hospital
- (e) Address of Appointee: 100 Park Street, Glens Falls, NY 12801
- (f) Title of Appointment: Saratoga-Warren-Washington Counties Workforce Investment Board
- (g) Effective Date of Appointment: September 21, 2012
- (h) Termination Date of Appointment: June 30, 2014
- (i) Name of Person Being Replaced (if applicable): Kimberly Burns
- (j) Reason for Replacement: fill vacant position on the WIB