

WARREN-HAMILTON COUNTIES
OFFICE FOR THE AGING
1340 STATE ROUTE
LAKE GEORGE, NEW YORK 12845

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DIRECTOR

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HUMAN SERVICES COMMITTEE MEETING
THURSDAY, OCTOBER 25th 2012 9:30am
OFFICE FOR THE AGING AGENDA

- I. Committee meeting called to order by Dave Strainer
- II. Action Agenda
 - a) Resolution Request Form #10 Transfer of Funds- Various codes
 - b) Resolution Request Form #12 Request to Fill Vacant Position due to resignation of meal site manager at Bolton Nutrition Site
- III. Old business/pending items- N/A
- IV. Current business- N/A

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: OFA

SIGNED:

DATE: 10/25/12

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A6773 130	Nut. For Eld-War.Co. Sal PT	A6783 424	Home Energy Assist. Prog Postage	\$ 24
A6773 130	Nut. For Eld-War.Co. Sal PT	A6773 411	Nut. For Eld-War.Co Rent Bldg Poperty	\$12,900
A6773 130	Nut. For Eld-War.Co. Sal PT	A6773 445	Nut. For Eld-War.Co Food	\$15,000
A6773 260	Nut. For Eld-War.Co. Other Equip	A6773 411	Nut. For Eld-War.Co Rent Bldg Poperty	\$ 2,100
A6773 130	Nut. For Eld-War.Co. Sal PT	A6777 445	Commodity Foods	\$ 6
A6785 110	OFA Point of Entry Warren	A6986 110	OFA MIPPA/ADRC	\$ 1,667

Please state reason for transfers requested: Transfers to adjust for overages in certain codes and to fund 4th quarter expenses

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. 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 OFA Payroll Dept. No. 57.07

Title of Position Meal Site Manager, Bolton Annual Salary \$ 18,730 PT 30hrs Grade2

Budget code and title A.6774 130 S.N.A.P. Salaries - Part Time Union Non-Union

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

Employee No. 6792

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

Source of reimbursement: Federal % State 100% Other %

Impact to Budget: Savings \$3,910 reduce hours to 25/wk (5 per day instead of 6)

Human Resources Director has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date _____

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 Human Services - OFA Date 10/25/12

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 _____