

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job-Related Courses by Employee

1. Employee=s Name: Jeremy Scime
2. Position: Senior Programmer Analyst
3. Department: IT
4. Course Title: Information Security Management
5. Institution or School: Florida Institute of Technology
6. How Course Relates to Current Position:
7. Starting Date: 8/2013
8. Completion Date: 12/2013
9. Cost: 1,650

10: Employee=s Signature:  Date: 6/25/2013

11. Supervisor=s Comments (Approval/Denial)

tuition only

Supervisor=s Signature: 

Date: 6/26/13

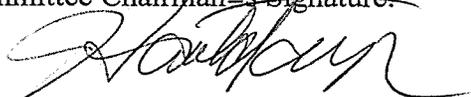
12. Department Head=s Comments (Approval/Denial)

Department Head=s Signature:

Date:

13. Committee=s Recommendation: *Approval*

Committee Chairman=s Signature:



Date: 6/27/2013

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a AC@, its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

Warren County
SUPPORT SERVICES COMMITTEE
(INSURANCE)

June 27, 2013 @ 9:30am

Information Submitted By: Amy Clute, Insurance Administrator

Committee Members: Chairman, Supervisor Taylor
Supervisor Strainer
Supervisor Loeb
Supervisor McDevitt
Supervisor Frasier
Supervisor Mason
Supervisor Vanselow

I. Action agenda – matters requesting Resolutions of the Board and / or Committee approval.

1. Property and Casualty Insurance Broker Services. Committee discussion and review of proposals.

II. Pending items.

1. The resolution approved by the Committee at the March 22, 2013 meeting regarding the “Travel Policy and County Vehicle Use Regulations” was tabled before the Board meeting on April 19, 2013. Concerns were raised by DPW and discussed at a special meeting of the Risk Management Steering Committee on April 18, 2013. The policy is currently being revised and will be brought back to this Committee in the near future.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Self-Insurance

DATE: 6/27/13

- (a) Is this a Result of a Bid or Request for Proposal? WC 12-13
- (b) Purpose of Contract: Insurance Broker Services
- (c) Name of Contractor: Rose & Kiernan Inc
- (d) Address of Contractor: 6 East Washington Street, Glens Falls NY 12801
- (e) Contractor's Contact Person and Telephone Number:
A. Lee Pollock 518-792-0945 x4441
- (f) Has or will the Contract be provided, if so, please attach: County Attorney to prepare. Note that Rose & Kiernan agrees to service the County's Excess Workers' Compensation and Specific Employers Liability net of commission for the term of the agreement.
- (g) Commencement Date of Contract: 9/22/~~27~~ 2013
- (h) Termination Date of Contract: 9/22/2016
- (i) Payment Provisions: i) lump sum amount \$25,000 annually after 1/1
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.
- (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: Board of Supervisors code ~~A1910 A~~