

AGENDA
FINANCE COMMITTEE
AUGUST 6, 2014

Committee Members: Conover, Taylor, Sokol, Monroe, Wood, Kenny, Merlino, Frasier and Dickinson.

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meeting.
- III. **Action Agenda**
 - 1) Request for transfer of funds attached for Committee approval.
 - 2) **Requests from the Treasurer's Office:**

Request to create and fill the vacant position of Junior Accountant-Temp (*Annual Base Salary of \$50,000/\$24.04 per hour*) effective August 18, 2014. This is a non-Union position which is not mandated and receives no reimbursements, but is necessary to cover an upcoming vacancy during FMLA leave. Funding for this position is available within the Treasurer's existing budget. *Note: request is contingent upon approval by Personnel Committee of Personnel Agenda Item 2, authorizing creation of Junior Accountant-Temp position.*
 - 3) **Request from the County Human Resources Director:**

Request for a Contingent Fund transfer in the amount of \$9,179.88 to extend employment of Temporary HR/Civil Service Assistant Shauna Newman for an additional three months, commencing August 20, 2014. Funding for the additional salary costs is not available within the existing budget.
 - 4) **Referral from the Human Services Committee:**

Employment & Training Administration -
Request to amend the County Budget in the amount of \$10,000 to reflect the receipt of Federal Trade Adjustment Act funding received in reimbursement for training costs incurred for one dislocated worker.
 - 5) **Referrals from the Mental Health Committee:**

Office of Community Services -
 - A) Authorizing new contract with PEOPLE (*Projects to Empower and Organize the Psychiatrically Labeled*), Inc. in an amount not to exceed \$138,407 to provide peer services for the term commencing September 1, 2014 and terminating December 31, 2014.
 - B) Request to amend the County Budget in the amount of \$138,407 to appropriate funding for the aforementioned contract with PEOPLE, Inc.
 - 6) **Referral from the Park Operations & Management Committee:**

Request to appropriate funds in the amount of \$1,614.36 from Budget Code A.697.07, *Deferred Revenue - Gaslight Village Parking Fees*, to Budget Code A.1625 413, *Gaslight Village Property, Repair & Maint.-Bldg/Property*, to reimburse the Village of Lake George for mowing on the South Parcel of the Wood Park.
 - 7) **Referral from the Public Safety Committee:**

Office of Emergency Services -
Request to amend the County Budget in the amount of \$60,000 to reflect the receipt of FY14 State Homeland Security Program grant funding.

8) **Referral from the Public Works Committee:**

DPW -

- A) Request to increase Capital Project No. H333.9550 280, *Valley Road (CR 36) over Patterson Creek*, in the amount of \$75,000 to include funding for additional design services relating to the reconstruction of the Town of Thurman's Combs Road over Patterson Creek Bridge for use as a detour route during the Valley Road Bridge reconstruction work. *Note - the Town of Thurman has agreed to provide the additional Local Share funding required.*
- B) Request for a transfer of \$10,000 from the Contingent Fund to Budget Code A.1910 418, *Unallocated Insurance, Ins.-General Liability*, to provide payment of the County's insurance deductible in association with the settlement of proceedings in the case of Morgan and Franklin v. Warren County.

9) **Referral from the Social Services Committee:**

Department of Social Services -

Request to determine a source of funding for a transfer of funds in the amount of \$169,633 to cover the remaining IGT (*Intergovernmental Transfer*) payments to Westmount Health Facility which were greater than anticipated.

- 10) Finance Committee action is required on the following items as approved by the Personnel Committee: Item Nos. 2, 3 & 5.

IV. Items for Discussion

Discussion regarding proposal by Supervisor Merlino regarding changes for the distribution of sales tax revenues to the municipalities.

V. Pending Items

Accepting credit payments County-wide pending review of State contract and other vendors. County treasurer to provide an update at the next Committee meeting (06.13.13).

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: County Administrator

SIGNED:

DATE: 8/4/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 860	Co. Admin. - Hospitalization	A.1011 444	Co. Admin. - Travel/Education/Conference	\$516

Please state reason for transfers requested:

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: Paul and JoAnn to attend the Fall NYSAC Seminar

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

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Office of Emergency Services

SIGNED:

DATE: July 28, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4009 260	FY13 Hazmat Grant Program - Other Equipment	A.3645.4009 410	FY13 Hazmat Grant Program - Supplies	\$5700
A.3645.4009 260	FY13 Hazmat Grant Program - Other Equipment	A.3645.4009 423	FY13 Hazmat Grant Program - Telephone	\$8100
A.3645.4009 260	FY13 Hazmat Grant Program - Other Equipment	A.3645.4009 441	FY13 Hazmat Grant Program - Auto - Supplies & Repair	\$3000
A.3645.4009 260	Fy13 Hazmat Grant Program - Other Equipment	A.3645.4009 444	FY13 Hazmat Grant Program - Travel/Education/Conference	\$3000

Please state reason for transfers requested:

Transfer needed to continue purchasing process

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. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: Office of Emergency Services

SIGNED:

DATE: July 28, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4007 240	FY13 State Homeland Security Program - Highway & Street Equipment	A.3645.4007 422	FY13 State Homeland Security Program - Repair/Maint - Equipment	\$500
A.3645.4007 240	FY13 State Homeland Security Program - Highway & Street Equipment	A.3645.4007 441	FY13 State Homeland Security Program - Auto - Supplies & Repair	\$2000

Please state reason for transfers requested:

Transfer needed to continue purchasing process

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.

REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 7/22/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5112 8185 280	<u>County Road</u> Hudson Street, Projects	D.5112 8204 280	<u>County Road</u> <u>CR 10 Horicon Ave</u>	\$ 8,000.00
D.5112 8176 280	County Road <u>CR 29 Peaceful Valley Rd</u>	D.5112 8204 280	<u>County Road</u> <u>CR 10 Horicon Ave</u>	\$ 8,000.00

Please state reason for transfers requested:

To transfer funds from completed projects to projects requiring more funds.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

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

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REQUEST FOR TRANSFER OF FUNDS

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

FROM: PUBLIC WORKS

Name of Department

SIGNED: _____ DATE: 7/22/2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
D.5110 120	County Road Maintenance Salaries, Overtime	D.5020 130	County Road Engineering Salaries Overtime	\$ 500.00
D.5148 110	County Road Services to Other Governments Salaries, Regular	D.5148 120	County Road Services to Other Governments Salaries, Overtime	\$ 7,500.00
DI5148 110	County Road Services to Other Governments Salaries, Regular	D.5148 130	County Road Services to Other Governments Salaries, Part Time	\$ 1,000.00

Please state reason for transfers requested:

Salary Adjustments needed for new Staffing Patterns.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfer request:

RESOLUTION REQUEST FORM NO. 10

~~Request for Transfer of Funds~~

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

DEPARTMENT NAME: Social Services

SIGNED: *Mareen Schmidt*

DATE: 7/24/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A 6010 110	Salaries - Regular	A 6010 130	Salaries - Part Time	\$25,000.00

Please state reason for transfers requested:

To cover costs for temporary workers - Caseworkers & Heap Examiners through 12/31/14

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:

IGT payment to Westmount much greater than anticipated.

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

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Treasurer

DATE: August 1, 2014

- (a) Title of Requested Position: **Junior Accountant - Temp**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$24.04/hour**
- (c) Effective Date for New Position:* **August 18, 2014**
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable): **None**
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: **A.1325 130, County Treasurer, Salaries - Part time**
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) **Yes**
- (g) Is this a mandated position? If so, please explain: **No**
- (h) Is there expected revenue from this position? If so, please explain: **No**

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: Treasurer Payroll Dept. No.: 11.00

Title of Position: Junior Accountant - Temp Annual Base Salary: 50,000 Grade:

Budget code and title: A.1325 130 Union Non-Union

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

Employee No: N/A Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal % State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other **TEMP. DUE TO FMLA LEAVE**

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring.

Human Resources Director has approved this form when initialed. gs

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 _____

BUDGET OFFICER COMPLETES THIS SECTION

Date _____

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____ Date _____

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

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: HR and Civil Service Administration

SIGNED: 

DATE: August 4, 2014

FROM CODE TITLE TO CODE TITLE AMOUNT

Please state reason for transfers requested:

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	A.1430 130 A.1430 810	Salaries Part-Time Retirement	\$7,750.00+ \$837.00
		A.1430 830 A.1430 831	Social Security Medicare	\$480.50 + \$112.38

Please state reason for transfer request:

To fund continued temporary staff support in the role of "HR/Civil Service Assistant."

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

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Employment and Training

DATE: July 28, 2014

(a) Purpose of Amendment: add federal funds to county budget to reimburse training for 1 dislocated worker through the Trade Adjustment Act

(b) Appropriation Code, Object Code, Full Title and Amount: 40.6293.0305 433 - WIA Dislocated Worker (Training-Client) \$10,000.

(c) Revenue Code (with title), and Amount: 40.6293.0305 4791- WIA Dislocated Worker - \$10,000.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office of Community Services

DATE: August 6, 2014

- (a) Is this a Result of a Bid or Request for Proposal? **Yes**
- (b) Purpose of Contract: **Authorize Community Services Board to enter into agreement with PEOPLE (Projects to Empower and Organize the Psychiatrically Labeled), Inc. for peer services**
- (c) Name of Contractor: **PEOPLE, Inc.**
- (d) Address of Contractor: **26 Innis Avenue, Poughkeepsie, NY 12601**
- (e) Contractor's Contact Person and Telephone Number: **Steve Miccio, CEO, PEOPLE, Inc. (845) 452-2728, ext. 214**
- (f) Has or will the Contract be provided, if so, please attach: **Yes**
- (g) Commencement Date of Contract: **9/1/14**
- (h) Termination Date of Contract: **12/31/14**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$138,407**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **quarterly advance payments to PEOPLE, Inc.**
- (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: A.4320 0065.470 (PEOPLE, Inc.) \$138,407**

**Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx**

*as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Mental Health

DATE: 8/15/14

- (a) Purpose of Amendment: Amend the budget for the purpose of a new contract with PEOPLE, Inc. for Peer Service.

- (b) Appropriation Code (with title), Object Code (with title) and Amount:
A. 43200065.470 (Mental Health Programs for Peer Services-PEOPLE, Inc. Contract); \$138,407

- (c) Revenue Code (with title), and Amount: A.4320.0065.3490 (Mental Health Programs for Peer Services-PEOPLE, Inc.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: PARK O & M

DATE: July 29, 2014

- (a) Purpose of Request: **To appropriate funds from Budget Code A.691.07 Deferred Revenue - Gaslight Village Parking Fees to Budget Code A.1625 413 Gaslight Village Property - Repair & Maint.-Bldg/Property - \$1614.36.**
- (b) Details: **To reimburse the Village of Lake George for mowing on the South Parcel of the Wood Park.**
- (c) Previous Resolution Number: **N/A**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

*** as listed in budget and LOGOS**

Statement
VILLAGE OF LAKE GEORGE
 P.O. Box 791
 Lake George, New York 12845
 518-668-5771

TO: WARREN COUNTY BOARD OF SUPERVISORS
1340 STATE ROUTE 9
LAKE GEORGE NY 12845

JULY 14, 2014
 DATE

FOR: MANPOWER TO MOW SOUTH PARCEL OF CHARLES R. WOOD PARK \$1,406.36
SUPPLIES TO MOW SOUTH PARCEL \$ 208.00

Total Amount Due \$1,614.36

Very truly yours,
 DAVE HARRINGTON, SUPT.

2014 Village of Lake George costs for Mowing South parcel			
Employee/ equipment	Hours	per hr&fringe	costs
Ron Goodspeed	26.5	\$ 26.40	\$ 699.60
	6/24 to 6/30		
Roger Johnson	26.5	\$ 26.67	\$ 706.76
	6/24 to 6/30		
Manpower total			\$ 1,406.36
Supplies:			
Diesel			\$108.00
Gas			\$ 50.00
weed waker head			\$ 50.00
Supplies total			\$208.00
		TOTAL DUE	\$1,614.36

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Office of Emergency Services

DATE: July 28, 2014

(a) Purpose of Amendment: Increase both sides of the budget

(b) Appropriation Code, Object Code, Full Title and Amount:

A.3645.4010 250 – FY14 State Homeland Security Program – Technical Equipment	\$13,400
A.3645.4010 260 – FY14 State Homeland Security Program – Other Equipment	\$26,200
A.3645.4010 423 – FY14 State Homeland Security Program – Telephone	\$8,160
A.3645.4010 470 – FY13 State Homeland Security Program – Contract	\$12,240

(c) Revenue Code (with title), and Amount:

A.3645.4010 4380 – FY14 State Homeland Security Program –
State Homeland Security Program \$60,000

RESOLUTION REQUEST FORM NO. 9

***Request to Increase or Decrease or Amend Existing Capital Project or
Capital Reserve Project****

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: DPW

DATE: 7/23/14

(a) Exact Title and Number of Project*: Valley Road (CR 36) over Patterson Creek (H333.9550 280)

(b) Is this a Capital Project? Yes

(c) Is this a Capital Reserve Project? No

(d) Amount of Increase (if applicable): \$75,000.00

(e) Amount of Decrease (if applicable): NA

(f) Source of Funding (if Increase) (including name & title of codes, etc.):

\$ 60,000.00 Federal Share

\$ 11,250.00 State Marchiselli Share

\$ 3,750.00 Local Match (from D.9950 910 Transfers - Capital Projects)

(g) Changes in Funding (if Amendment):

(h) Purpose of Increase or Decrease or Amendment: To cover the anticipated local match for additional design services.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

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

DEPARTMENT NAME: DPW

SIGNED:

DATE: July 23, 2014

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

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	A.1910 418	Unallocated Insurance, Ins.-General Liability	\$10,000.00

Please state reason for transfer request:

To provide payment for County's deductible in association with settlement in case of Morgan and Franklin v. Warren County.

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

RESOLUTION REQUEST FORM NO. 10

~~Request for Transfer of Funds~~

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

DEPARTMENT NAME: Social Services

SIGNED: *Muhammad Schmidt*

DATE: 7/14/14

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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Please state reason for transfers requested:

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	A.6100 470	Medicaid - Contract	\$169,633.00

Please state reason for transfer request:

IGT payment to Westmount much greater than anticipated.

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

AGENDA
PERSONNEL COMMITTEE
AUGUST 6, 2014

Committee Members: Taylor, Kenny, Sokol, Merlino, Dickinson, Girard, Vanselow, Wood and Simpson

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of the prior Committee meeting.
- III. Action Agenda
 - 1) **Requests from the Human Resources/Civil Service/Personnel Office:**
 - Human Resources -***
 - A) Request to extend employment of Temporary HR/Civil Service Assistant Shauna Newman for an additional three months, commencing August 20, 2014. Funding for the additional salary costs is not available within the existing budget, a transfer from the Contingent Fund totaling \$9,179.88 is requested.
 - B) Request to renew contract with People Pay Systems (*dba NEC/National Employers Council, Inc.*) to provide assistance with administration of the unemployment insurance program and to represent Warren County for all claim hearings at a cost of \$2,614.40.
 - C) Status report on Corrections Officer hiring process.
 - 2) **Request from the County Treasurer:**

Request to create the position of Junior Accountant-Temp at a rate of \$24.04 per hour effective August 18, 2014 to cover a vacancy during FMLA leave. Funding is available in the Treasurer's existing budget.
 - 3) **Referral from the Criminal Justice Committee:**
 - Probation -***

Request to authorize Samantha Mason, Probation Assistant, to enroll in the job-related course entitled "Data Utilization in Criminal Justice" through the University at Albany, School of Criminal Justice, for the term commencing in August of 2014 and terminating in December of 2014 at a cost of \$1,500, as part of the requirements for Ms. Mason to achieve her Masters Degree in Criminal Justice. If the request is approved, Ms. Mason will be due reimbursement for 50% of the course costs upon completion with a grade of "C", or its equivalent, or better.
 - 4) **Referral from the Social Services Committee:**
 - Department of Social Services -***

Committee supported the Reallocation Committee's recommendations regarding Caseworkers in the Department of Social Services and referred same to the Personnel and Budget Committees.
 - 5) **Referral from the Support Services Committee:**
 - Clerk of the Board -***

Amending the Table of Organization to delete the position of Legislative Office Specialist #3, Annual Salary \$34,680, and create the position of Assistant Secretary to the Clerk of the Board, Annual Salary of \$34,680, effective August 11, 2014.
 - 6) **Requests/Items to be Discussed by the County Administrator:**

Request to waive Section I.B.3 of the Travel Policy as it relates to compliance with the GSA policy for attendance at the 2014 Fall NYSAC Seminar
- IV. **Vacancies Filled:**
 - Public Health***
 - 1. Public Health Nurse #25, Grade 21, Annual Base Salary \$44,783; Budgeted Salary \$46,016, due to retirement. This a non-mandated, Union position which receives 100% reimbursement from the billing of various insurances.