

**SUPPORT SERVICES COMMITTEE AGENDA - INFORMATION TECHNOLOGY**  
By: Information Technology Director

**APRIL 2, 2014**

**Action Agenda/New Business**

1. Authorization to attend NYS County IT Directors conference in Saratoga Springs 5/13 - 5/16. Cost is \$100 and will need county vehicle. Funds are already in budget.
2. Amend contract with Jacob Hume to accurately reflect total dollar amount previously approved in Resolution No. 49 of 2014
3. Request to fill vacant Web/Intranet Developer position and backfill Computer Help Desk Aide position, subject to salary study and Civil Service title review.

**Pending Items/Old Business**

None

**Topics for Discussion/Information**

None

**SCHEDULE "A"**  
**AUTHORIZATION TO ATTEND MEETING OR CONVENTION**

**Check one:**

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

The \_\_\_\_\_ hereby authorizes Michael Colvin  
(Supervisory Committee) (Employee Name)

to attend NYS LGITDA Conference  
(Name of meeting or organization)

at Saratoga Hilton, Saratoga Springs  
(Address)

on 5/13-5/16 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**

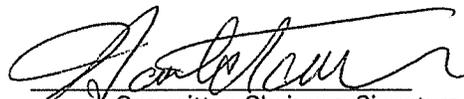
- Room rate \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \* per diem rate \$ \_\_\_\_\_

\* [www.gsa.gov](http://www.gsa.gov)

Date: \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

Date: 4/2/14

  
\_\_\_\_\_  
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

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Please check to request a fleet vehicle.

**REQUEST FOR USE OF FLEET VEHICLE**

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**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 County Administrator if credit card will be used.

# ***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: IT**

**DATE: 3/28/14**

- (a) Purpose of Request: Amend Contract with Jacob Hume to include the prior funding amount
- (b) Details: Amend Contract with Jacob Hume to include the prior funding amount
- (c) Previous Resolution Number: 427 of 2013, 567 of 2013 and 165 of 2014
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: Funds transferred per Resolution No. 49 of 2014 - amend contract for additional \$4,000

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

\* as listed in budget and LOGOS

**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 IT Payroll Dept. No.  
Title of Position Computer Help Desk Aid Annual Salary \$30,318 Grade  
Budget code and title A1680 Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No.  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal %  State %  Other %  
Impact to Budget: 0

Personnel Officer has approved this form when initialed. \_\_\_\_\_

**COUNTY ADMINISTRATOR COMPLETES THIS SECTION**

Name of Committee Support Services - I.T. Date 4/2/2014

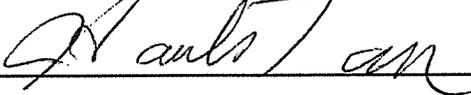
- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature  \_\_\_\_\_

**SUPERVISORY COMMITTEE COMPLETES THIS SECTION**

Name of Committee Support Services - I.T. Date 4/2/2014

- 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 \_\_\_\_\_

**RESOLUTION REQUEST FORM NO. 12**

Schedule "A"

**NOTICE OF INTENT TO FILL VACANT POSITION**

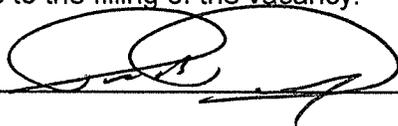
This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

**DEPARTMENT HEAD COMPLETES THIS SECTION**

Department IT Payroll Dept. No. 24  
Title of Position Web/Intranet Developer Annual Salary to be determined on salary study  
Grade N/A  
Budget code and title A.1680 Union  Non-Union   
This position is vacated due to:  Retirement  Resignation  Termination  Promotion  Other  
Employee No. 10854  
Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No  
Source of reimbursement:  Federal %  State %  Other Tourism Dept. 25%  
Impact to Budget: 0  
Personnel Officer has approved this form when initialed. \_\_\_\_\_

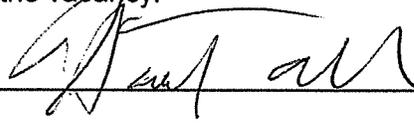
**COUNTY ADMINISTRATOR COMPLETES THIS SECTION**

Name of Committee Support Services - I.T. Date 4/2/2014  
 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 Support Services - I.T. Date 4/2/2014  
 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 \_\_\_\_\_