

AGENDA
PERSONNEL COMMITTEE
APRIL 8, 2015
DRAFT AGENDA - SUBJECT TO CHANGE

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/Items to be discussed by the Human Resources Director:**
 - A) Report on tracking of salary implications for positions filled.
 - B) Review of draft Family and Medical Leave (FMLA) Policy.
 - C) Review of Sick Leave Donation Policy for out-of-unit staff
 - 2) **Referral from the County Clerk/Motor Vehicles Committee:**
Request to create and fill the new position of Motor Vehicle License/Registration Clerk, part-time, Grade 6, \$13.75 hourly, not to exceed \$14,300 per year.
 - 3) **Referral from the Criminal Justice Committee:**
Assigned Counsel -
Request to create and fill the new position of Assistant to Assigned Counsel Administrator, *part-time, not to exceed 20 hours per week, annual salary \$15,128*. There will be no cost to the County as this position is funded through the New York State Office of Indigent Legal Services grant.
 - 4) **Referral from the Economic Growth & Development Committee:**
Planning & Community Development -
Request to amend Resolution No. 147 of 2015, Retaining Temporary Position of GIS Technician, to increase the number of hours per year from 200 to 1040 and to increase the salary from \$15.00 per hour to \$20.00 per hour as the result of a grant award.
 - 5) **Referral from the Support Services Committee:**
Clerk of the Board -
 - A) Request to appoint Amanda Allen as Clerk of the Board, effective May 1, 2015, Annual Salary of \$58,500 due to the retirement of Joan Sady on April 30, 2015.
 - B) To amend the table of organization and salary schedule as indicated below to reflect salary adjustment for several positions within the Office of the Clerk of the Board effective May 1, 2015:
Clerk of the Board - Decrease from \$67,314 to \$58,500;
Deputy Clerk of the Board - Decrease from \$50,000 to \$44,500;
Secretary to the Clerk of the Board - Decrease from \$38,760 to \$37,000;
Assistant Secretary to Clerk of the Board - Decrease from \$35,374 to -0-.*
*Note: This position will remain unfunded for possible future consideration as an unclassified, part-time position.
County Attorney -
 - C) Discussion and recommendation of appointments to the Board of Ethics.

Continued

IV. Vacancies Filled:

County Clerk/Motor Vehicles -

- 1) Senior Account Clerk, *Grade 7, Annual Salary \$30,204*, due to retirement,. This is a non-mandated Union position which receives no reimbursement, but generates revenue through Motor Vehicle transactions.

Criminal Justice-

- 1) Assistant to Assigned Counsel Administrator, *part-time, Annual Salary of \$15,218*, due to creation. This is a non-mandated, Non-union position, which is 100% reimbursed through the NYS Office of Legal Indigent Services Grant. Continuity of employment is contingent on grant funding.

Health Services - Public Health

- 1) Public Health Liaison, *Grade 7, Annual Salary of \$30,204, pro-rated to 24 hours per week*, due to retirement. This is a non-mandated, Union position, which is 100% reimbursable through the Emergency Preparedness Grant. Continuity of employment is contingent on grant funding.

Public Works -

- 1) Auto Mechanic #6, *Grade 9, Annual Salary of \$32,553*, due to retirement. This is a non-mandated Union position and receives no reimbursement.
- 2) Assistant Engineer #2, *Annual Salary of \$43,000*, due to resignation. This is a non-mandated, Non-Union position, and receives no reimbursement.
- 3) Sign Maintenance Worker #2, *Grade 9, Annual Salary of \$32,553*, due to retirement. This is a non-mandated, Union position and receives no reimbursement.

Support Services - Clerk of the Board

- 1) Deputy Clerk of the Board, *Annual salary of \$44,500, due to promotion*. This is a non-mandated, non-Union position, and receives no reimbursement.

Memorandum

Date: April 1, 2015
To: Personnel Committee
From: Jackie Figueroa - Executive Assistant to the County Director of Human Resources
Re: Tracking of Notice of Intent to Fill Position Feb. - March 2015

Personnel Cmte. Date	Department	Position Title	Incumbent	Incumbent Salary	Salary Approved	Date Filled	Hire	Salary Hired	Approved vs. Hired	Incumbent vs. Hired
2/11/2015	DPW	Fiscal Manager	Kloss	\$51,537.00	\$51,537.00	3/16/2015	Henkel	\$56,966.00	\$5,429.00	\$5,429.00
2/11/2015	Employment & Training	Employment & Training Counselor #1	Taranino	\$22,833.00	\$32,553.00	3/25/2015	Booth	\$32,553.00	\$0.00	\$9,720.00
2/11/2015	Emergency Services	2nd Deputy EMS Coordinator	Ordway	\$ 5,028.00	\$ 5,028.00	4/1/2015	Howe	\$5,028.00	\$0.00	\$0.00
2/11/2015	Treasurer	Account Clerk #1	Gross	\$12,279.00	\$12,279.00	1/5/2015	Stark	\$12,524.00	\$245.00	\$245.00
3/11/2015	District Attorney	2nd Assistant District Attorney	Donlon	\$81,633.00	\$81,633.00	3/30/2015	Burin	\$78,477.00	-\$3,156.00	-\$3,156.00
3/11/2015	Public Health	Public Health Nurse #25 (1559)	Rainville	\$52,102.00	\$44,783.00	Unfilled				
3/11/2015	DSS	Keyboard Specialist #7	Kilmartin	\$27,495.00	\$25,193.00	Unfilled				
								TOTALS	\$5,674.00	\$15,394.00

Policy

It is the policy of Warren County to grant up to 12 weeks of family and medical leave during any rolling 12-month period to eligible employees, in accordance with the Family and Medical Leave Act of 1993 (FMLA) and/or up to 26 weeks of leave in any 12-month period in compliance with the expansion of FMLA under The Support for Injured Servicemembers Act of 2007. The leave may be paid, unpaid or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this policy. This policy supersedes any and all Policies or Resolutions addressing the same or similar subject matter.

A. Eligibility

To qualify to take family or medical leave under this policy, the employee must meet **all** of the following conditions:

- 1) The employee must have worked for the employer for 12 months or 52 weeks. The 12 months or 52 weeks need not have been consecutive, provided a break-in-service does not exceed seven years (*unless the break-in-service is due to National Guard or Reserve military service obligation*). For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of the week or if the employee is on leave during the week.
- 2) The employee must have worked at least 1,250 hours during the 12-month period immediately before the date when the leave is requested to commence. The principles established under the Fair Labor Standards Act (FLSA) determine the number of hours worked by an employee. The FLSA does not include time spent on paid or unpaid leave as hours worked. Consequently, these hours of leave should not be counted in determining the 1,250 hours eligibility test for an employee under FMLA.

B. Type of Leave Covered

To qualify as FMLA leave under this policy, the employee must be taking leave for one of the six reasons listed below:

- 1) The birth of a child and in order to care for that child
- 2) The placement of a child for adoption or foster care and to care for the newly placed child
- 3) To care for a spouse, child or parent with a serious health condition (*children must be under age 18 unless incapable of self-care because of physical or mental disability*)
- 4) The serious health condition of the employee (*described below in C.3*)
- 5) A qualifying military exigency (*a covered family member's active duty or call to active duty in the National Guard or Reserves in support of a contingency operation*)
- 6) To care for an injured or ill Servicemember

C. Definitions and Requirements

1. **Child** refers to a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis.
2. **Spouse** refers to a husband or wife as defined or recognized under state law for purposes of marriage under the state where the employee resides, including same-sex marriages.
3. **Employee's Serious Health Condition:** An employee may take leave because of a serious health condition that makes the employee unable to perform at least one of the essential functions of the employee's position. The County considers all responsibilities listed under "Typical Work Activities" sections of a job description as "essential" functions.

A **serious health condition** is defined as an illness, injury, impairment or mental condition that involves:

- a. Incapacity or treatment connected with in-patient care (*overnight stay*) in a hospital, hospice or residential medical care facility, including any period of incapacity; or
- b. Continuing treatment by a health care provider which includes one or more of the following:
 - i. A period of incapacity lasting more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition that also includes:
 1. treatment two or more times by or under the supervision of a health care provider (*i.e., in-person visits, the first within 7 days and both within 30 days of the first day of incapacity*); **or**
 2. one treatment by a health care provider (*i.e., an in-person visit within 7 days of the first day of incapacity*) with a continuing regimen of treatment (*e.g., prescription medication, physical therapy*); **or**
 - ii. Any period of incapacity related to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence; **or**
 - iii. Any period of incapacity or treatment for a chronic serious health condition which continues over an extended period of time, requires periodic visits (*at least twice a year*) to a health care provider, and may involve occasional episodes of incapacity. A visit to a health care provider is not necessary for each absence; **or**
 - iv. A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a health care provider is required, rather than active treatment; **or**
 - v. Any absences to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated.

If an employee takes Paid Time Off (PTO) (*PTO is defined at Warren County as sick, vacation, personal time or a floating holiday*) for a condition that progresses into a serious health condition and the employee requests FMLA leave for the same condition as provided under this policy, the County may designate all or some portion of related leave taken as leave under this policy, to the extent that the earlier leave meets the necessary qualifications.

- 4) ***Qualifying Military Exigency:*** An employee whose spouse, son, daughter or parent either has been notified of an impending call or order to active military duty in the National Guard or Reserves, or who is already on active duty in the National Guard or Reserves may take up to 12 weeks of leave for reasons related to or affected by the family member's call-up or service. Son or daughter for this type of FMLA leave is defined the same as for child for other types of FMLA leave, except that the person does not have to be a minor. Reasons related to the call-up or service may include items such as:
- Short-notice deployment,
 - Military events and related activities,
 - Arranging for childcare and school activities,
 - Addressing financial and legal arrangements,
 - Attending certain counseling sessions,
 - Rest and recuperation,
 - Post-deployment activities, and
 - Additional activities where the employer and employee agree to the leave.

The leave may commence as soon as the individual receives the call-up notice. This type of leave would be counted toward the employee's 12-week maximum of FMLA leave in a rolling 12-month period.

Employees requesting this type of FMLA leave must provide proof of the qualifying family member's call-up or active military service in the National Guard or Reserves and other documentation as requested before leave is granted.

Employees requesting leave based on a qualifying family member's short notice deployment leave (*deployment with 7 days or less notice*) must provide proof of the qualifying family member's deployment with the National Guard or Reserves before leave is granted. Requests under this section will not require additional documentation and are not to exceed 7 days.

Employees requesting leave based on a qualifying family members short-term Rest and Recuperation ("R & R") leave from a deployment with the National Guard or Reserves must provide proof of the qualifying family member's "R & R" leave before leave is granted. Requests under this section will not require additional documentation and are not to exceed 5 days.

- 5) ***To Care for an Injured or Ill Servicemember:*** This leave may extend to up to 26 weeks in a rolling 12-month period for an employee whose spouse, son, daughter, parent or next-of-kin is injured or recovering from an injury suffered while on active military duty and who is unable to perform the duties of the Servicemember's office, grade, rank or rating. Next-of-kin is defined as the closest blood relative of the injured or recovering Servicemember. An employee is also eligible for this type of leave when the family Servicemember is receiving medical treatment, recuperation or therapy, even if the Servicemember is on temporary disability retired list.

Employees requesting this type of FMLA leave must provide certification of the family member or next-of-kin's injury, recovery or need for care. This certification is not tied to a serious health condition as for other types of FMLA leave. This is the only type of FMLA leave that may extend an employee's leave entitlement beyond 12 weeks to 26 weeks. Other types of FMLA leave are included with this type of leave for a maximum of 26 weeks.

D. Calculation of Employee Leave Years

An eligible employee can take up to 12 weeks (*26 weeks to care for an injured or ill Servicemember*) under this policy during any 12-month period. The employee may take FMLA leave in consecutive weeks, may use the leave intermittently (*take a day periodically when needed over the year*) or, under certain circumstances, may use the leave to reduce the work week or work day, resulting in a reduced hour schedule. In all cases, the leave may not exceed a total of 12 work weeks (*or 26 work weeks to care for an injured or ill Servicemember*) over a rolling 12-month period.

The County will measure the 12-month period as a rolling 12-month period measured backward from the date an employee uses any leave under this policy. Each time an employee takes leave, the County will compute the amount of leave the employee has taken under this policy in the last 12 months and subtract it from the 12 (or 26) weeks of available leave with the balance remaining being the amount the employee is entitled to take at that time.

If a married couple both work for the County, if both are eligible for FMLA, and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent (but not a parent in-law) with a serious health condition, the married couple may only take a combined total of 12 weeks of leave (*or combined 26 weeks of leave to care for an injured or ill Servicemember*).

E. Requesting a FMLA Leave of Absence – Process and Requirements

To request a FMLA leave of absence contact your Supervisor, Department Head and/or Human Resources who will provide you with applicable forms and information about your rights and responsibilities under FMLA. You must give notice of the need for a FMLA leave of absence at least thirty (30) days before any foreseeable leave. If thirty (30) days' notice is not practical because of an emergency or other circumstance, the leave should be requested as soon as possible (*within two business days of learning of the need for leave*).

In all cases, employees will be required to complete an appropriate Certification form, which will be provided by Human Resources. The employee must respond to this request within fifteen (15) days of the request or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of the leave request. If the certification is deficient or incomplete, the employee will be given seven (7) days to cure the deficiencies and return the form to Human Resources. The leave request may be denied if the employee either fails to return the form by the seventh (7th) day, or returns the form without adequate corrections or clarifications.

To request a leave for a serious health condition on a continuous or intermittent basis, you will be required to submit information from an appropriate health care provider confirming the existence of the serious health condition and other relevant information. Human Resources will provide you with a medical Certification of Health Care Provider for Serious Health Condition form for this certification.

Periodic reports and additional physician certifications may also be required during leave. The County may, at its own expense, require a second (or third) opinion regarding a medical certification. If you fail to provide timely certifications, your leave request may be delayed or denied.

For a serious health condition of your family member, a medical certification about the needed care for the family member, information about the care of the family member, and an estimate of the time needed must be provided from the eligible family member's physician. Human Resources will provide you with a medical Certification of Healthcare Provider for Family Member's Serious Health Condition form for this certification.

For care of an injured Servicemember, a medical certification about the needed care for the Servicemember, information about the care for the Servicemember, relationship to the Servicemember, and an estimate of time needed must be provided from the Servicemember's physician. Human Resources will provide you with a medical Certification for Serious Injury or Illness of a Current Servicemember form for this certification.

For a qualifying exigency, a copy of the Servicemember's orders will be necessary to prove the active duty status or impending call to active duty status in support of a contingency operation. In addition, an estimate of time needed must be provided by the employee. Human Resources will provide you with a Certification for Qualifying Exigency form for this certification.

Human Resources will provide you with a notification within five days of receiving your complete Certification. The notification will specify whether your leave request was approved, or reason for denial, as applicable.

Any misrepresentation in FMLA certifications and/or re-certifications presented to the County may result in disciplinary action up to and including termination of employment.

F. Taking Time Off Under an Approved FMLA Leave of Absence – Process and Requirements

Employees are required to report all absences under approved FMLA both to their Supervisor and Department Head. The department Fiscal Manager may be substituted for the Department Head at the discretion of the Department Head. If none are available notify the Department of Human Resources.

- 1) Continuous Leave - Employees taking continuous leave may report the entire absence at once. Employees taking continuous leave, that are approved to return to work prior to the original leave end date, must notify their Supervisor and Department Head so that their hours may be accurately adjusted. A medical doctor's release to return to work will be required for those who are on leave for their own serious medical condition.

- 2) Intermittent Leave - Employees taking intermittent leave must report each absence to the Supervisor and Department Head. Failure to report your absences to both parties may result in disciplinary action.

When FMLA Leave is requested due to the employee's own serious health condition, the employee must use any accrued sick leave prior to approval for non-paid leave.

When FMLA Leave is requested due to any of the remaining 5 types (*see B. Type of Leave Covered on page 1*) of leave, the employee must comply with the Sick Leave and/or Medical Leave provisions of their Collective Bargaining Agreement.

Intermittent Leave

Intermittent or a reduced schedule leave must be scheduled so as not to unduly disrupt the County or Department operations whenever possible. The employee must reach agreement with the Supervisor, Department Head and Human Resources before taking intermittent leave or working a reduced hour schedule. If this is not possible, then the employee must prove that the use of the leave is medically necessary. If the employee has an approved or pending intermittent leave, and have a planned absence, the employee will be required to report that absence to the appropriate management representative (Supervisor and Department Head) 30 days prior to the absence, if possible. If 30 days' notice is not possible, the employee must report the absence in a timely manner to their Supervisor and Department Head.

The minimum permissible increment of FMLA time off is one hour. Employees may not take FMLA leave time in less than one hour increments. During those one-hour increments of FMLA time, employees will not be permitted to work even if they only needed 15 minutes of time off (*such as late arrivals, for example*).

Employees taking intermittent FMLA leave are required to follow the County's established attendance and call-off procedures unless it is not reasonably possible. If it is not reasonably possible, then employees taking intermittent FMLA leave will be required to notify their Supervisor or if not available the Department Head of the special circumstances under which they could not comply as soon as reasonably possible. Failure to report absences with the required attendance/tardiness reporting guidelines without sufficient showing of special circumstances may result in disciplinary action.

If an employee would otherwise be required to work overtime (*such as mandatory overtime*), but cannot do so because of FMLA leave, the overtime hours the employee would have worked also count as FMLA leave. If overtime is voluntary, the overtime an employee is not able to work because of FMLA leave does not count as FMLA leave.

Holidays are counted as FMLA leave if the employee is on FMLA leave the entire week in which a holiday falls. If the employee takes FMLA leave for less than a full workweek in which a holiday falls, the holiday does not count as FMLA leave.

The County may temporarily reassign an employee on an intermittent or reduced schedule basis to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the intermittent or reduced schedule, in instances when leave for the employee or employee's family member is foreseeable and for planned medical treatment,

including recovery from a serious health condition or to care for a child after birth, or placement for adoption or foster care, if in the County's judgment, better accommodates the leave.

For the birth, adoption or foster care of a child, the County and the employee must mutually agree to the schedule before the employee may take the leave intermittently or work a reduced hour schedule. Leave for birth, adoption or foster care of a child must be taken within one year of the birth or placement of the child.

The County will request re-certification of qualifying FMLA reasons as often as permitted by law. Failure to produce such recertification may result in denial of the leave request. As permitted by law, the County may contact the employee's health care provider to authenticate or clarify FMLA certifications and /or re-certifications.

G. Employee Status and Benefits During Leave

While an employee is on leave, the County will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work, provided the employee continues to pay his or her portion of the health care premiums.

Under current policy, the employee pays a portion of the health care premium. While on paid leave (i.e. using sick time in conjunction with FMLA), the County will continue to make payroll deductions to collect the employee's share of the premium. While on unpaid leave, the employee must continue to make these payments, to the Warren County Treasurer. The payments must be received by the 15th day of each month. If payment is not received by the 30th of each month, it will result in termination of coverage. The County's Benefit Broker will provide 15 days' notification prior to the employee's loss of coverage.

If the employee chooses not to return to work for reasons other than a continued serious health condition of the employee or the employee's family member or a circumstance beyond the employee's control, the County will require the employee to reimburse the County the amount it paid for the employee's health insurance premium during the leave period.

H. Procedure for Returning to Work Following Leave for Serious Health Condition for the Employee

Employees returning to work following leave for their own serious health conditions are required to provide a complete and sufficient Return-to-Work and Fitness for Duty Certification, which must be completed by the health care provider in conjunction with review of the employee's job description and physical demands. The physician must indicate the employee is able to resume the major and essential functions of the job. The County considers all responsibilities listed under "Typical Work Activities" sections of a job description as "essential" functions.

The Return-to-Work and Fitness for Duty Certification form and job description may be obtained from your Supervisor, Department Head or Human Resources. This Return-to-Work and Fitness for Duty Certification must be submitted within 15 days of, and no later than two days prior to the anticipated return to work date.

If the Return-to-Work and Fitness for Duty Certification is incomplete or insufficient, the employee will be given seven calendar days to cure the deficiencies. Failure to provide Return-to-Work and Fitness for Duty Certification in the 15-day time period or to cure deficiencies within the seven-calendar day period without reasonable explanation will result in the employee not permitted to return to work.

Employees who have a disability under the ADA may be provided reasonable accommodations or extensions of leave and should refer to the Warren County Americans with Disabilities Act (ADA) Policy. A copy of which is available on our website; see Resolution 356 of 2013, or contact the Self-Insurance Department.

I. Employee Status after Leave

An employee who takes leave under this policy will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The position will be the same in terms of pay, benefits and working conditions.

The County may choose to exempt certain key employees from this requirement and not return them to the same or similar position. Key employees are defined as Management, Non-Bargaining Unit, salaried employees who are among the highest paid 10 percent of all employees.

J. Maximum Leave of Absence and Termination of Employment

If you fail to return to work on the first day after your FMLA leave expires, New York State Civil Service Law Sections 71 or 73 may be initiated. Job restoration is guaranteed for up to 12-weeks of FMLA leave, except under circumstances provided by law. The County's PTO allocations for Vacation, Personal Leave and Floating Holidays may be used at the conclusion of FMLA with prior approval of the Supervisor and Department Head.

K. Employment While Out on Leave

An employee's inability to perform job duties while out on FMLA or any other authorized leave of absence for the County, is assumed to extend to any other job duties the employee may have outside of the County employment as indicated in the employee's medical certification.

If you are not on an approved FMLA Leave or you give a false or non-validated reason for a leave of absence, termination of employment will be pursued through New York State Civil Service Law Section 75.

L. FMLA Policy Questions

Call or stop by the Department of Human Resources if you have questions regarding this policy.

This policy was Adopted by Resolution ____ of 2015, on: _____.

Memorandum

Date: April 8, 2015
To: Personnel Committee
From: Gretchen Steffan – County Human Resources Director
Re: Sick Leave Donation Policy for Out-of-Unit Staff

Objective: To create a Sick Leave Donation Policy for Out-of-Unit Staff

Present Situation: Both our Alliance and CSEA collective bargaining agreements have a provision for donating sick leave to a deserving recipient. There is no mechanism for out-of-unit staff to donate sick leave to other out-of-unit staff or to either the Alliance or CSEA sick leave programs.

Recommendations: Warren County adopt a policy to allow out-of-unit staff to donate up to 1 sick day to an individual who has been with the County for minimum of 52 weeks and must have worked at least 1,250 hours during the 12-month period; who is unable to work due to a medically verified illness and who has exhausted all available leave time. Other elements/considerations include:

- Those who would like to donate time must have at least 10 accumulated days of sick leave.
- The maximum sick days donated to an individual recipient will be 50 sick leave days.
- For ease of administration, the sick leave donations will be calculated in days not hours. Even if there is a large difference in the hourly compensation rate of the individual donating their time to the recipient of that time, it will be by the day for ease of administration.
- The maximum number of days to be contributed for all recipient employees shall be consistent with both CSEA and Alliance contracts, which is four hundred fifty (450) per year.
- We will design a simple leave form similar to CSEA and Alliance forms.
- Donated time shall be made retroactively, if necessary, to assure that the recipient is not, in effect removed from the payroll.
- The program can be triggered by a Department Head and administered by Human Resources.
- The out-of-unit program will be able to work in concert with both Alliance and CSEA programs.

Advantages: The County has a large contingent liability for sick time payouts and this donation program would allow some of the vast amounts of sick time in employee accrual banks to be used for an employee in need. This type of program would promote compassion and altruism throughout the workforce and become an opportunity to give something of value to someone in great need of support.

This program would provide a bridge to the recipient employee so that they maintain their active status, have financial stability and ensure they can continue their medical benefits if needed for the care they need to get better and hopefully return to work.

Disadvantages: A program of this type would require management. But the expected frequency of use and advantages of the program would offset the administrative time to manage it.

Action to be Taken: With the Personnel Committee's support we could draft a policy for the greater Board of Supervisors to create the program.

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: County Clerk/DMV

DATE: 3/24/2015

- (a) Title of Requested Position: **MV License Reg Clerk Part-Time**
- (b) Annual Base Salary (and Grade if Applicable): **\$ 13.75 hr (1040 hrs yr. \$ 14,300 yr).**
- (c) Effective Date for New Position:* **June 1, 2015.**
*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):
Gr 6: MV License Reg Clerk # 11 (FT) \$ 30,139 (\$ 14.75 hr)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A. 1410110 Full Time Salaries - \$ 30,139 to A. 1410 130 PT \$ 9500 (thru 12/31/15)
- (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:
V & T Law Section 205: DMV staffing appropriate for office services.
- (h) Is there expected revenue from this position? If so, please explain:
As set forth in statute/rules and regulations, DMV transactions generate \$ 12.7% on transactions processed at the local Warren County DMV. This represents approx. \$ 430,000 per year to Warren County which is deposited in the General Fund under Revenue Code A. 1255 - Clerk Fees.

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Assigned Counsel

DATE: March 10, 2015

- (a) Title of Requested Position: Assistant to Assigned Counsel Administrator
- (b) Annual Base Salary (and Grade if Applicable): \$15,218.00
- (c) Effective Date for New Position:* April 20, 2015
*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):
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.1170 130 Legal Defense-Indigent, Salaries-Part-time, \$15,218.00
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary BEFORE bringing the request to committees.)
Personnel has reviewed and approved.
- (g) Is this a mandated position? If so, please explain:
No.
- (h) Is there expected revenue from this position? If so, please explain:
Yes. The position is 100% reimbursed.

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: Planning and Community Development

DATE: March 4, 2015

- (a) Purpose of Request: To Amend Resolution No. 147 of 2015, Retaining Temporary Position of GIS Technician, to increase the hours from 200 to 1040 per year and increase the hourly rate from \$15.00 to \$20.00 due to increased workload, thereby amending the table of organization and salary schedule.

- (b) Details: The intent of the prior resolution was to not only extend the term of the temporary position, but also to increase the hourly rate and number of hours. Because that was not included in the motion, the request was returned to the committee for further clarification.

- (c) Previous Resolution Number: 147 of 2015
- (d)

- (e) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: H358.9550 4308 Hazard Mitigation \$14,166 H340.9550 280 First Wilderness 2012 \$14,037.

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 147 OF 2015

Resolution introduced by Supervisors Taylor, Kenny, Sokol, Merlino, Dickinson, Girard, Vanselow, Wood and Simpson

RETAINING TEMPORARY POSITION OF GIS TECHNICIAN

WHEREAS, Resolution No. 306 of 2014 authorized to fill a vacant position of Temporary GIS Technician at a salary of Fifteen Dollars (\$15) per hour for up to Two Hundred (200) Hours per year, and

WHEREAS, as a result of a grant award, the Warren County Planner desires to retain the current temporary position for an additional sixteen month project occurring over the term of April 1, 2015 through June 1, 2016, due to increased workload in the Department, now, therefore, be it

RESOLVED, that the temporary position of GIS Technician be retained for a term of April 1, 2015 to June 1, 2016 as a result of a grant award received by Warren County, and increased workload in the Department.

RESOLUTION REQUEST FORM NO. 2

Request to Appoint or Reappoint County Department Head

DEPARTMENT NAME: Board of Supervisors

DATE: April 1, 2015

- (a) Name of Employee: **Amanda Allen**
- (b) If this is a Reappointment, list Employee No.:
- (c) If this is a Reappointment, please list the Resolution No. of the last appointment of this individual:
- (d) Address of Employee:
- (e) Title of Appointment: **Clerk of the Board of Supervisors**
- (f) Effective Date of Appointment: **May 1, 2015**
- (g) Termination Date of Appointment: **December 31, 2015**
- (h) Annual Base Salary: **\$58,500.**
- (i) If this is a New Appointment, Name of Person Being Replaced: **Joan Sady**
- (j) If this is a New Appointment, Reason for Replacement: **Retirement**

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Clerk of the Board

DATE: April 1, 2015

- (a) Employee Name, Title and Employee No.: **Clerk of the Board**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$58,500**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **\$67,314**
- (d) Effective Date for Salary Change:* **May 1, 2015**
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
- (f) Justification of Request:
Position is being filled by promotion, salary adjusted to an amount commensurate with experience.

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Clerk of the Board

DATE: April 1, 2015

- (a) Employee Name, Title and Employee No.: **Deputy Clerk of the Board**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$44,500**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **\$50,000**
- (d) Effective Date for Salary Change:* **May 1, 2015**
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
- (f) Justification of Request:
Position is being filled by promotion, salary adjusted commensurate with experience.

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Clerk of the Board

DATE: April 1, 2015

- (a) Employee Name, Title and Employee No.: **Secretary to the Clerk of the Board**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$37,000**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **\$38,760**
- (d) Effective Date for Salary Change:* **May 1, 2015**
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
- (f) Justification of Request:
Position is being filled by promotion, salary adjusted to an amount commensurate with experience.

RESOLUTION REQUEST FORM NO. 13

Request to Increase or Decrease Salary of Non-Union Position

DEPARTMENT NAME: Clerk of the Board

DATE: April 1, 2015

- (a) Employee Name, Title and Employee No.: **Assistant Secretary to the Clerk of the Board**
- (b) Current Annual **Base** Salary (and Grade if Applicable): **\$0.00**
- (c) Former Annual **Base** Salary (and Grade if Applicable): **\$35,374**
- (d) Effective Date for Salary Change:* **May 1, 2015**
*Please do not backdate request unless the purpose is to correct an error.
- (e) If This is a Request for a Salary Increase, Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount:
- (f) Justification of Request:
This position is being vacated to due promotion. We would like to leave the title in our departmental organization, unfunded, for possible use in the future as an unclassified, part-time position.

Sady, Joan

From: Auffredou, Martin
Sent: Monday, March 30, 2015 3:37 PM
To: Geraghty, Kevin; Taylor, Bud; McDevitt, Peter; Wood, Evelyn; Monroe, Fred
Cc: Sady, Joan; Dusek, Paul
Subject: Board of Ethics

Chairman:

Today, Supervisor McDevitt and I met with Chris Scoville who has agreed to serve as an alternate member of the Board of Ethics. We now have a full complement of very qualified individuals who are willing to serve. At the Personnel Committee meeting on April 8th, I recommend that the matter of appointing members of the Board of Ethics be placed on the agenda for recommendation to the Board of Supervisors on April 17th.

The composition of the Board of Ethics is proposed to be as follows:

Non-Government Members:

Dr. James Morrissey
Dr. Bill Tedesco
Chris Scoville (Alternate)

Government Members:

Gail Seaman (Town of Thurman)
Edna Wells (Town of Chester) (Alternate)

Best Regards,

Martin D. Auffredou
Warren County Attorney
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845
(518)761-6463
auffredoum@warrencountyny.gov

Legal Assistant - Terry McGarr (518)761-6361 mcgarrt@warrencountyny.gov
Legal Assistant - Shelly VanNostrand (518)761-6463 vannostrands@warrencountyny.gov

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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: **County Clerk/DMV** Payroll Dept. No: **15**
Title of Position: **Sr. Account Clerk** Base Salary of Position: **\$ 30,204** Grade: **7~**
Filling at Step # (If Known): **unknown** Request to Backfill Due to Promotion: Yes No
Budget code and title: **A 1410 110 Full Time Salaries** Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: **10707** Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal % State % Other % **Rev. generating dept.**

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

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 4/1/15

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature  Date 4/2/15

BUDGET OFFICER COMPLETES THIS SECTION

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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

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 _____ Date _____

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: Assigned Counsel Payroll Dept. No:
Title of Position: Assistant to Assigned Counsel Admin. Annual Salary: \$15,218.00 Grade:
Budget code and title: A.1170 130 Salaries-Part Time 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 100% Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (hiring would be provisional) Non-Competitive Other [3/1 grant]
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 3/31/15

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Criminal Justice - Assigned Counsel Date 4/1/15
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 April 1, 2015
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 Frank E Thomas

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice - Assigned Counsel Date April 1, 2015
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. 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: Health Services Payroll Dept. No: 37.85
Title of Position: Public Health Liaison Base Salary of Position: 30,204 Grade: 7
Filling at Step # (If Known): Entry Level Request to Backfill Due to Promotion: Yes No *Salary provided to 24 hr position*
Budget code and title: A4189.130 Bioterrorism Part Time Salaries Union Union Non-Union *position contingent grant funding*
This position is vacated due to: Retirement Resignation Termination Promotion Other *upon grant funding*
Employee No.: 8228 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 100 % Other _____ %
NYS DH Bioterrorism Grant (Emergency Preparedness Program)

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____

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 3/10/15

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature]

Date 3/10/15

BUDGET OFFICER COMPLETES THIS SECTION

- 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 [Signature]

Date 3/11/15

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services

- 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 [Signature]

Date March 11, 2015

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: Public Works Payroll Dept. No.: 19.70

Title of Position: Auto Mechanic¹⁴ Annual Base Salary: 32,553[✓] Grade: 9[✓]

Budget code and title: DM5130 Auto Mechanic #6 Union Non-Union

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

Employee No: 545 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

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 3/24/15

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date 3/26/15

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

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 3/27/15

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 [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works Date March 30, 2015

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 [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: Public Works Payroll Dept. No.: 19.62

Title of Position: Asst. Engineer #2 Annual Base Salary: \$43,000* Grade: N/A

Budget code and title: D.5020 Asst. Engineer #2 Union Non-Union

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

Employee No: 12228 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

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 3/24/15

*Salary is based up a 2012 salary survey. If we have recruiting difficulties we may need to do another survey analysis

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee _____ Date 3/26/15

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

The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature]

BUDGET OFFICER COMPLETES THIS SECTION

Date 3/27/15

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 [Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works Date March 30 2015

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 [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: Public Works Payroll Dept. No: 19.60
Title of Position: Sign Maintenance Worker #2 v Base Salary of Position: \$32,553 Grade: 9
Filling at Step # (If Known): Request to Backfill Due to Promotion: Yes No
Budget code and title: D.3310 Sign Maint. Worker Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 10775 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

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 3/24/15

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 3/26/15

BUDGET OFFICER COMPLETES THIS SECTION

- 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 [Signature] Date 3/27/15

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works

- 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 [Signature] Date March 30, 2015

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: **Clerk of the Board** Payroll Dept. No: **3.00 Clerk of the Legislative Board**
Title of Position: **Deputy Clerk of the Board** Base Salary of Position: **\$44,500** Grade: **N/A**
Filling at Step # (If Known): **N/A** Request to Backfill Due to Promotion: Yes No
Budget code and title: **A.1040 110, Clerk Legislative Board. Salaries-Regular** Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: **11101** 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 _____
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. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

- 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 _____ Date _____

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee _____

- 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 _____ Date _____