

Health, Human and Social Services Committee
Department of Employment and Training
AGENDA
April 20, 2016

Committee Members: *Matthew D. Sokol, Chair; Matthew J. Simpson, Rachel E. Seeber, Edna A. Fraiser, John F. Strough, Ron Vanselow, Peter V. McDevitt, Matthew MacDonald, and Claudia K. Braymer.*

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. Request Resolution for New Contract with BOCES for Operation Food Chain
Rationale: This is one of our more successful programs, partnering with Community Action and BOCES to provide lunch to the Glens Falls Summer Recreation Program participants. The contract is for supervision, training, and transportation.
 2. Request for Transfer of Funds
Rationale: When the Workforce Innovation and Opportunity Program replaced the Workforce Investment Act the county created a new account code 41 (R340 of 2015). The State Comptroller's Office has now instructed us to use the same account code for WIOA as was used for WIA. All funds approved for account code 41 will be transferred to account code 40 and Account 41 will be closed out.
 3. Request to Host Meeting or Conference - June 15 WDB Meeting
Rationale: The three counties that make up the Saratoga-Warren-Washington Workforce Development Board alternate hosting quarterly Board Meetings. The next meeting is scheduled for June 15 in Warren County. We plan to host it on the ninth floor at 333 Glen Street and showcase our new office space.
- IV. Referral/Pending Items
 1. No items pending.
- V. Information for Discussion/Review
 1. Office Move Update.
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Employment and Training

DATE: 4/20/16

- (a) Is this a Result of a Bid or Request for Proposal? no

- (b) Purpose of Contract: To provide employment and training services for the summer youth employment program through Operation Food Chain.

- (c) Name of Contractor: Washington-Saratoga-Warren-Hamilton-Essex Board of Cooperative Educational Services (BOCES)

- (d) Address of Contractor: 1153 Burgoyne Ave., Suite 2, Fort Edward, NY 12828

- (e) Contractor's Contact Person and Telephone Number: Doug Leavens, 581-3610

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: on or after 6/27/16

- (h) Termination Date of Contract: no later than 8/26/16

- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed \$16,600
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. cost reimbursement at completion)

- (j) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: TANF Summer - 40 6326 470

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Employment and Training Administration

SIGNED:

DATE: April 20, 2016

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
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(see attached spreadsheet)

Please state reason for transfers requested: When the Employment and Training Program Year 2015 budget was adopted, a new code was set up for the Workforce Innovation and Opportunity Program (WIOA). It has since been learned that a new Code was not needed. All funds from Code 41 will be transferred to Code 40 and Code 41 will be closed.

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 – Attachment
20-Apr-16

<u>FROM CODE:</u>	<u>TO CODE:</u>	<u>TITLE</u>	<u>AMOUNT</u>
REVENUES			
41.6293.4791	40.6293.4791	Program Year 2015 WIOA Title I Program	\$701,109
41.6293.0300 4791	40.6293.0300 4791	Program Year 2015 WIOA Title I Program - Adult	\$216,818
41.6293.0305 4791	40.6293.0305 4791	Program Year 2015 WIOA Title I Program - Dislocated Worker	\$187,496
41.6293.0310 4791	40.6293.0310 4791	Program Year 2015 WIOA Title I Program - Youth	\$225,609
41.6293.0313 4791	40.6293.0313 4791	Program Year 2015 WIOA Title I Program - Admin	\$71,186
APPROPRIATIONS			
	<u>Program Year 2015 WIOA Title I Program - Adult</u>		\$216,818
41.6293.0300 110	40.6293.0300 110	Salaries – Regular	\$80,000
41.6293.0300 200	40.6293.0300 200	Office Equipment	\$1,700
41.6293.0300 410	40.6293.0300 400	Office Supplies	\$3,000
41.6293.0300 411	40.6293.0300 401	Rent - Building/Property	\$13,200
41.6293.0300 433	40.6293.0300 433	Training - Client	\$63,598
41.6293.0300 810	40.6293.0300 810	Retirement	\$14,900
41.6293.0300 830	40.6293.0300 830	Social Security	\$4,960
41.6293.0300 831	40.6293.0300 831	Medicare Contribution	\$1,160
41.6293.0300 860	40.6293.0300 860	Hospitalization	\$28,200
41.6293.0300 861	40.6293.0300 861	Retirees Hospitalization	\$6,100
	<u>Program Year 2015 WIOA Title I Program - Dislocated Worker</u>		\$187,496
41.6293.0305 110	40.6293.0305 110	Salaries – Regular	\$70,500
41.6293.0305 200	40.6293.0305 200	Office Equipment	\$1,500
41.6293.0305 410	40.6293.0305 400	Office Supplies	\$3,000
41.6293.0305 411	40.6293.0305 401	Rent - Building/Property	\$11,400
41.6293.0305 433	40.6293.0305 433	Training - Client	\$54,703
41.6293.0305 810	40.6293.0305 810	Retirement	\$12,800
41.6293.0305 830	40.6293.0305 830	Social Security	\$4,371
41.6293.0305 830	40.6293.0305 830	Medicare Contribution	\$1,022
41.6293.0305 860	40.6293.0305 860	Hospitalization	\$22,200
41.6293.0305 861	40.6293.0305 861	Retirees Hospitalization	\$6,000
	<u>Program Year 2015 WIOA Title I Program - Youth</u>		\$225,609
41.6293.0310 110	40.6293.0310 110	Salaries - Regular	\$53,500
41.6293.0310 130	40.6293.0310 130	Salaries - Part Time	\$76,000
41.6293.0310 200	40.6293.0310 200	Office Equipment	\$1,400
41.6293.0310 410	40.6293.0310 400	Office Supplies	\$4,900
41.6293.0310 411	40.6293.0310 401	Rent - Building/Property	\$11,500
41.6293.0310 433	40.6293.0310 433	Training - Client	\$23,478
41.6293.0310 470	40.6293.0310 470	Contract	\$20,500
41.6293.0310 810	40.6293.0310 810	Retirement	\$11,800
41.6293.0310 830	40.6293.0310 830	Social Security	\$8,029
41.6293.0310 830	40.6293.0310 830	Medicare Contribution	\$1,102
41.6293.0310 860	40.6293.0310 860	Hospitalization	\$8,000
41.6293.0310 861	40.6293.0310 861	Retirees Hospitalization	\$5,400
	<u>Program Year 2015 WIOA Title I Program - Admin</u>		\$71,186
41.6293.0313 110	40.6293.0313 110	Salaries - Regular	\$38,726
41.6293.0313 200	40.6293.0313 200	Office Equipment	\$700
41.6293.0313 410	40.6293.0313 400	Office Supplies	\$700
41.6293.0313 411	40.6293.0313 401	Rent - Building/Property	\$6,800
41.6293.0313 810	40.6293.0313 810	Retirement	\$7,700
41.6293.0313 830	40.6293.0313 830	Social Security	\$2,399
41.6293.0313 830	40.6293.0313 830	Medicare Contribution	\$561
41.6293.0313 860	40.6293.0313 860	Hospitalization	\$10,800
41.6293.0313 860	40.6293.0313 860	Retirees Hospitalization	\$2,800

Warren County Request to Host Meeting or Conference

Name of Department: Employment & Training Administration

Name of Meeting/Conference: Saratoga-Warren-Washington Workforce Development Board

Date: June 15, 2016

Location: 333 Glen Street, 9th Floor

Purpose: Quarterly Board Meeting

Contact Person: (If other than Department Head)

Phone No.: 824-8865

Number of People attending:

2 County Employees

3 State Employees

35 Volunteers (WIB Board Members)

Others (specify)

Cost to County (please include amounts):

Room rental \$ 100.00

Food/beverage \$ 300.00 est.

Supplies \$

Other (specify) \$

Total Cost: \$ 300.00 est

Dept Head Approval:

Chris A. Hunsinger
Signature

Director
Date:

Committee Chairman Approval:

Matthew Kelly
Signature

June 20, 2016
Date

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

CHRISTIE SABO
DIRECTOR

TEL: (518) 761-6347
FAX: (518) 761-6344

HUMAN SERVICES COMMITTEE MEETING
OFFICE FOR THE AGING AGENDA
Wednesday, March 23, 2016 11:30am

Committee Members: Chairman Matt Sokol, Ron Vanselow, Rachel Seeber, Edna Frasier, John Strough, Peter McDevitt, Matthew MacDonald, Claudia Braymer, Matthew Simpson

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda
 1. **Resolution Request Form #11 and #12:** Request to create and fill a grant funded position
Rationale: The approved NYConnects Expansion and Enhancement grant application budget contained the funding for an additional program staff person
 2. **Resolution Request Form #20:** Miscellaneous request to amend resolution 60 of 2016
Rationale: R60/2016 was approved with an incorrect schedule A
 3. **Resolution Request Form #1:** Request to reappoint an Advisory Council Member
Rationale: The appointee had left the position they previously held and, at the time of the reso request for committee reappointment, I was unsure if she wished to continue on the council
 4. **Authorization to Attend Meeting or Convention:** Request to travel to Aging Concerns Unite Us Conference for C. Sabo
Rationale: This is an annual conference in Albany that provides valuable information for aging services providers
- IV. Referral/pending items- N/A
- V. Information for Discussion/Review
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to adjourn

Attachments:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: OFA Payroll Dept. No.: 57:00

* pending creation

Title of Position: Specialist, Office for the Aging Base Salary of Position: \$34,675 Grade: 10 * pending union approval

Filling at Step # (If Known): Request to Back Due to Promotion: Yes No

Budget code and title: A6787 110 Balancing Incentive Program Union Non-Union

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

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

Source of reimbursement: Federal 100% State % Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

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. *AP 4-18-16*

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 *L.B. Hight* Date *4/18/16*

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 *Frank E. Thomas* Date *4/20/16*

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee *Health Human & Social 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 *Walt Hill* Date *April 20, 2016*

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Office for the Aging

DATE: 4/20/16

- (a) Title of Requested Position: **Specialist, Office for the Aging**
- (b) Annual **Base** Salary (and Grade if Applicable): **\$34,675 Grade 10**
- (c) Effective Date for New Position:* **6/1/16**
*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:
A6787 470 Balancing Incentive Program- Contracts
- (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:
This position is 100% grant funded

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: Office for the Aging

DATE: 4/20/16

- (a) Purpose of Request: **To amend resolution 60 of 2016**
- (b) Details: **The resolution was submitted with an incorrect schedule A. The amendment was removal of the contract for Home Health Care of Hamilton County and additional monies to Greater Adirondack Home Aides. The current (2016) schedule totals \$49,767 previous schedule was \$51,267.**
- (c) Previous Resolution Number: **R60/2016**
- (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

SCHEDULE "A"
A.6772 Office for the Aging
Subcontracts for 2016

Subcontractor	Service Provided	Totals
Town of Chester	Transportation	\$3,771.00
Town of Hague	Transportation	\$960.00
Town of Horicon	Transportation	\$1,280.00
Town of Johnsbury	Transportation	\$4,048.00
Town of Lake George	Transportation	\$3,715.00
Town of Lake Luzerne	Transportation	\$2,892.00
Town of Lake Pleasant	Transportation	\$1,194.00
Town of Long Lake	Transportation	\$2,800.00
Town of Stony Creek	Transportation	\$1,680.00
Town of Thurman	Transportation	\$1,797.00
Town of Warrensburg	Transportation	\$1,630.00
TOTAL		\$25,767.00

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: Office for the Aging

DATE: 4/20/16

- (a) Name of Appointee: **Kathy Hutchins**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **569 of 2014**
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title
- (e) Address of Appointee: **1070 Big Brook Road, Indian Lake, NY 12842**
- (f) Title of Appointment: **Advisory Council Member**
- (g) Effective Date of Appointment: **1/1/16**
- (h) Termination Date of Appointment: **12/31/16**
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health, Human and Social Services Committee hereby authorizes Christie Sabo
(Supervisory Committee) (Employee Name)

to attend Aging Concerns Unite Us Conference
(Name of meeting or organization)

at Desmond Hotel, Albany, NY
(Address)

on June 6th -8th. Mode of transportation to be used _____
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

I would prefer to stay in Albany with family and have my own vehicle for after work hours

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

Date: _____

Department Head Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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.

Social Services Committee
Warren County Department of Social Services
AGENDA
April 20, 2016

Committee Members: Supervisors Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald and Braymer.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business
 1. **Resolution Request:**
Request permission for the HEAP Supervisor to attend the 2016 NYSERDA Low-Income Forum on Energy in Albany, NY from May 25-26, 2016.
Please see Attachment #1
Rationale: This is an essential training for the HEAP Unit Supervisor.
 2. **Resolution Request:**
Request to extend the temporary appointment of Tammy Breen to Case A Supervisor, for an additional 3-month period.
Please see Attachment #2
Rationale: The extension will enable the completion of compliancy projects and assignments relative to Case A Supervisory work.
- IV. Pending Item
There are no pending items.
- V. Information for Discussion/Review
 1. April is Child Abuse Prevention Month
 2. Monthly Revenue & Expenditures and Overtime Report – Julie Montero, Fiscal Manager
Please see Attachment #3 (to be available/distributed at the Committee Meeting)
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to Adjourn

Attachments:

1. Request for Training - NYSERDA;
2. Request to extend the temporary appointment of Tammy Breen as Case A Supervisor ;
3. Monthly Revenue & Expenditures and Overtime Reports

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Mary Klaiber
(Supervisory Committee) (Employee Name)

to attend New York State Energy Research & Development Authority (NYSERDA) Energy Forum
(Name of meeting or organization)

at Desmond Hotel, 660 Albany-Shaker Rd, Albany, NY 12211
(Address)

on May 25 & 26, 2016 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

Date: 4/19/16

Marcum Schmielt
Department Head Signature

Date: April 20, 2016

Matthew [Signature]
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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.

Warren County Voucher
Warren County Municipal Center
1340 State Route 9
Lake George, New York 12845
Tax Exempt No. 14-6002576

Department: Warren County Dept of Social Services

Purchase Order No. _____

Vendor #	LIFE 2016 Statewide Conference
Name	Community Power Network of NYS
Address	PO Box 46 Olmstedville, NY 12857

Res.# _____ (if applicable)

Dates	Quantity	Description of Materials or Services	Unit Price	Total Amt
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Low Income Forum on Energy 2016		NYSERDA		
May 25, 26 2016	Mary Klaiber	Early Registration fee for Government Agencies		\$185.00
			TOTAL	\$185.00

I, _____ certify that the above account in the amount of \$ 185.00 is true and correct; that the items, services, and disbursements charged were rendered to or for the municipality on the dates stated, that no part has been paid or satisfied; that taxes from which the municipality is exempt are not included and that the amount claimed is actually due.

Date

Signature _____

Title _____

Department Approval	
Approved by:	
Date _____	Signature _____

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NYSERDA

Low-Income Forum on Energy (LIFE)

Working to help low-income New Yorkers address energy issues

LIFE, the Low-Income Forum on Energy, is a unique statewide dialogue. LIFE brings together organizations and individuals committed to addressing the challenges and opportunities facing low-income New Yorkers as they seek safe, affordable and reliable energy.

Supported by the New York State Public Service Commission and the New York State Energy Research and Development Authority (NYSERDA), the LIFE dialogue encourages an interactive exchange of information and collaboration among the programs and resources that assist low-income energy consumers.

NYSERDA maintains an e-mail list for anyone wishing to receive updates on NYSERDA's Low Income Forum on Energy (LIFE): Join the LIFE email list [here](#). Contact LIFE@nyserda.ny.gov with inquiries.

Mission Statement

To guide LIFE activities and ensure that the LIFE program meets its goals, the following mission statement has been developed by the LIFE Steering Committee:

- To maintain a forum which attracts a diverse range of parties whose efforts will have an impact on the ability of low-income customers to meet their energy needs.
- To seek, identify, and address the full range of low-income energy issues.
- To broaden participation and encourage involvement of all stakeholders in the energy forum.
- To encourage linkages through the forum to strengthen the understanding of and support for the energy needs of low-income New Yorkers.
- To encourage an interactive exchange of information and collaboration among the programs and resources that helps the State's low-income households.
- To provide a venue for policy makers to hear of emerging issues from those at the front end of program delivery, identification of best practices, and networking opportunities for those in the low-income energy field.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

ATTACHMENT #2

**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: SOCIAL SERVICES

DATE: 04.20.16

- (a) Purpose of Request: **Request to Extend the Temporary Appointment of Tammy Breen: From Case Supervisor B - Annual Salary \$55,924, to Case Supervisor A - Annual Salary \$59,000, for the period from 04.25.16 to 07.25.16.**
- (b) Details: **Source of Reimbursement: Federal 38%, State 24%**
- (c) Previous Resolution Number: **Resolution No. 74 of 2016**
- (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

Warren County Board of Supervisors

RESOLUTION NO. 74 OF 2016

Resolution introduced by Supervisors Conover, Seeber, Sokol, Simpson, Merlino, Dickinson, Girard, Frasier, Beaty, McDevitt and Braymer

TEMPORARILY APPOINTING TAMMY BREEN, CHILD PROTECTIVE SERVICES CASE SUPERVISOR B, TO CASE SUPERVISOR A

RESOLVED, that the salary of Tammy Breen, Child Protective Services Case Supervisor B, be temporarily appointed as a Case A Supervisor and that her salary be commensurately increased from \$55,924 to \$59,000 annually, retroactive to January 25, 2016, and continued on a weekly basis for a term not to exceed three (3) months while serving in such capacity.

Warren County Health Services

Health Services Committee

AGENDA FOR

April 20, 2016

Information Submitted By: Patricia Auer, DPH/DPS

Health Services Committee Members: Sokol, Simpson, Seeber, Frasier, Strough, Vanselow, McDevitt, MacDonald, Braymer

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of March 23, 2016 Health Services Committee meeting
- III. Action Agenda/New Business

We are pleased to announce that **Valerie Whisenant**, Supervising Public Health Nurse who joined our agency on February 10, 1992, has been promoted to the Assistant Director of Patient Services. We plan to introduce her at next month's committee meeting when hopefully we will have a replacement selected for her current position.

Request Committee Approval:

To backfill a Supervising Public Health Nurse position which has occurred due to this supervisor being promoted to the Assistant Director of Patient Services position.

Rationale:

Kevin Geraghty, Chairman of the Board/Acting Administrator, and our Committee Chairman, Matt Sokol are both aware of this situation. Mr. Sokol gave permission to post the position as required before the Committee stating it is an "anticipated opening." Because there is no salary range for this position, at the suggestion of Mr. Geraghty, Jackie Figueroa, County Human Resource Director, conducted a salary study. Based on the results, a salary of \$66,000 per year will be recommended at the Personnel and Finance Meeting with the salary and compensation plan for the department to be amended to reflect the change. The supervising nurses being replaced all have a great deal of experience, and were all being paid at the same salary (\$68,974). It seems appropriate that new supervisors with less experience should be paid at a lower salary.

Request Resolution:

To amend the 2016 Warren County Budget to reflect a payment of \$3,195.77 from an insurance company for repairs related to a vehicle accident.

Rationale:

The incident was not the fault of the county employee. The car was hit while parked in a driveway of an individual. The insurance of the at fault individual covered the repairs in total.

Please see **Attachment #5**.

Request Resolution:

To authorize Ginelle Jones, Assistant Director of Public Health, to enroll in a job related on line course, Principles and Methods of Epidemiology, at the SUNY School of Public Health in Albany from May 20, 2015 – August 20, 2016 and receive reimbursement of 50% of the course cost of \$1359 plus course fees upon completion of the course with a grade of "C" or better, submitted with receipts for verifying costs.

Rationale:

Disease control is one of the primary roles of Public Health and Epidemiology is an important factor in the program. New York State Department of Health is strongly recommending local health department staff takes these courses. There are adequate funds in the Health Services 2016 Budget to cover this expense.

Request Resolution:

To create a part time, not to exceed 20 hours, WIC Nutrition Facilitator position. This is a Civil Service Grade 16 position with a base salary of \$39,979, which would be prorated to an hourly rate of \$19.22.

Rationale:

This position is 100% funded by the WIC Program contract, and would be contingent upon continued grant funding. Information to this effect including the state approval for the funding, and the reasons to create this position were transmitted with the pre meeting agenda documents.

IV. Referral/Pending Items

Follow up to last month's meeting discussion regarding issues with the Health Services Fleet 2013 Fiesta vehicles:

Parts for one more vehicle have been received and that vehicle has been repaired. Progress is occurring, but it is, for sure, slow. We will continue to report on this situation only if we are not moving along in a positive direction, and/or if we continue to have problems with the vehicles after they are "fixed."

V. Information for Discussion/Review

Emergency Response and Preparedness Activities: Please see Attachment #1 for the monthly report.

Status of Referrals: Please see Attachment #4 for the detailed report. Tammie DeLorenzo, Fiscal and Informatics Coordinator, will provide comments at the meeting.

Personnel Update:

We are recruiting and interviewing for the Supervising Nurse Position as well as 2 staff nurse positions. We are hopeful by next month we will be able to report we have offered the positions to qualified candidates, and they will be working down their notices with employers before beginning with us. Obtaining new staff is a process, and then the orientation procedures begin, and the learning curve is high. Public Health Nurses have a great deal of autonomy just by nature of the job, so it is necessary they come to us with some experience.

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016. Please see Attachment #2.

Revenue and Expense Comparison Report for 2015 vs 2016: Please see Attachment #3.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

- VI. Privilege of the Floor to discuss any additional items to come before Committee**
- VII. Motion to adjourn the Health Services Meeting**

Attachments:

- #1 Emergency Response and Preparedness Activities Report**
- #2 Report of Expenditures, Revenues, Overtime and Per Diem Use for 2016**
- #3 Revenue and Expense Comparison Report for 2015 vs 2016**
- #4 Report of Referral Status**
- #5 Budget Amendment**

ATTACHMENT #1

BT ACTIVITY SHEET
BP4 - 7/1/15 - 6/30/16

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;
Purple/Special Needs; Orange/Drill; Black/Pan Flu

4th QUARTER ACTIVITIES (April 1, 2016 – June 30, 2016) ▶ To be recorded on NYSDOH Deliverable template

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu, Special Needs)
4/1	Drill	Shelter In Place Municipal Building	All present staff	Drill
4/1	Deliverable	All HERDS surveys submitted	Dan	BT
4/4		POD laptops updated and charged	Kathy	
4/4		Submit PSA for Volunteers ServNY	Kathy	Volunteers
4/5	In-service	Demonstrate, practice and draft PortaCount Fit Test Procedure	Ginelle; Kathy	Training
4/7		PPE Training/ Quantitative Fit Testing for GFCSD Nurses	Ginelle, Kathy	
4/7	Deliverable	L-10 Medical Countermeasures - Lessons Learned Mass Dispensing Workshop	Dan	MCM
4/11		SNR Recert emails/letters completed	Kathy	Special Needs
4/11	Deliverable	Isolation and Quarantine Training for Rural Communities- Warren Co. Sheriff Dept	Dan; Pat B.	Pan Flu
4/12	Meeting	BT Coordinator Meeting	Dan	
4/12	REPORTING	Ebola 3rd Quarter Report Submitted	Ginelle	
4/12	Infectious Disease/Ebola grant activity	COCA Call- Updated Interim Clinical Guidance: Zika and reproductive age men and women, sexual transmission and US Zika Pregnancy Registry	Dan; Pat B	
4/14	Meeting	Washington County Local EPR Committee Meeting	Dan	
4/15		Draft Zika Action Plan submitted	Ginelle	
4/15	REPORTING	BP4 3rd Quarter report submitted	Dan	
4/19	Training	MERITS Training- Webinar	Ginelle; Pat B; Dan; Kathy	
4/20	Table Top Exercise	Glens Falls Hospital TTX: Hostage at off-site campus location	Amy H; Dan	
4/27	Meeting	EPR-Local Committee 3rd Quarter Meeting	Ginelle; Pat A; Pat B; Dan; Kathy	
4/30		Final draft Zika Action Plan to be submitted	Ginelle	

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2016 AS OF 4/14/2016 6:47:33 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4013, 4016, 4054, 4190, 4018, 4189

EXPENSES	2016 BUDGETED		2016 YTD ACTUAL		2015 Prior Year Totals	
	2016 BUDGETED	2016 YTD ACTUAL	2016 BUDGETED	2016 YTD ACTUAL	2015 Prior Year Totals	2015 Prior Year Totals
Salaries - Regular	\$2,785,683.00	\$673,495.39	\$2,785,683.00	\$673,495.39	\$2,741,583.99	\$2,741,583.99
Salaries - Overtime	\$133,500.00	\$28,662.97	\$133,500.00	\$28,662.97	\$129,253.40	\$129,253.40
Salaries - Part Time	\$339,033.00	\$77,473.65	\$339,033.00	\$77,473.65	\$293,525.04	\$293,525.04
100's PERSONAL SERVICES	\$3,258,216.00	\$779,632.01	\$3,258,216.00	\$779,632.01	\$3,164,362.43	\$3,164,362.43
200's EQUIPMENT	\$44,290.00	\$395.08	\$44,290.00	\$395.08	\$18,161.90	\$18,161.90
400's CONTRACTUAL	\$5,995,282.93	\$884,988.94	\$5,995,282.93	\$884,988.94	\$5,790,370.64	\$5,790,370.64
800's EMPLOYEE BENEFITS	\$1,631,009.00	\$470,547.10	\$1,631,009.00	\$470,547.10	\$1,710,053.82	\$1,710,053.82
TOTALS	\$10,928,797.93	\$2,135,563.13	\$10,928,797.93	\$2,135,563.13	\$10,682,948.79	\$10,682,948.79
REVENUES	2016 BUDGETED		2016 YTD ACTUAL		2015 Prior Year Totals	
	\$8,842,848.95	\$649,136.66	\$8,842,848.95	\$649,136.66	\$8,716,116.20	\$8,716,116.20

Warren County Health Services
 Salaries Comparison
 2015 vs 2016
 as of 4/3/16 Payroll

	YTD 2016	YTD 2015	YTD 15v16	% Change	Total Budget 2016	Total Actual 2015
Total of All Depts	\$673,495.39	\$728,882.28	-\$55,386.89	-7.60%	\$2,785,683.00	\$2,741,583.99
Regular Salaries	\$28,662.97	\$33,390.82	-\$4,727.85	-14.16%	\$133,500.00	\$129,253.40
Overtime Salaries	\$77,473.65	\$71,974.08	\$5,499.57	7.64%	\$339,033.00	\$293,525.04
Part Time Salaries	\$779,632.01	\$834,247.18	-\$54,615.17	-6.55%	\$3,258,216.00	\$3,164,362.43
TOTALS	23.93%	26.36%				

Source: Detail G/L report for all Salary Category from 1/1/XX-4/3/XX

Overall, total salaries are \$54,615.17 less than total 2015 Salaries. Due to staffing shortages in nursing, per diem nurses were utilized to cover referrals, therefore increasing the Part time salary category and reducing the Full time and Overtime salary categories showing overall a 6.55% reduction in salary from 2015.

**Revenue and Expense Comparison 2016 vs 2015
as of 4/20/16 meeting**

EXPENSES	4/20/16 Meeting		Variance
	2016 YTD Actual as of 4/14/16 G/L	2015 YTD as of 4/14/15 G/L	
Salaries - Regular	\$673,495.39	\$728,882.28	(\$55,386.89)
Salaries - Overtime	\$28,662.97	\$33,390.82	(\$4,727.85)
Salaries - Part Time	\$77,473.65	\$71,974.08	\$5,499.57
100's PERSONAL SERVICES	\$779,632.01	\$834,247.18	(\$54,615.17)
200's EQUIPMENT	\$395.08	\$390.00	\$5.08
400's CONTRACTUAL	\$884,988.94	\$920,510.55	(\$35,521.61)
800's EMPLOYEE BENEFITS	\$470,547.10	\$559,235.29	(\$88,688.19)
TOTALS	\$2,135,563.13	\$2,314,383.02	(\$178,819.89)

REVENUES	2016 YTD	2015 Prior	
	ACTUAL	Year to Date Totals	
	\$649,136.66	\$975,990.24	(\$326,853.58)

Notes:

It should be noted, reflected above for comparison are financials as of 4/14/15 to compare to our current of 4/14/16. This will better allow a more accurate comparison.

Salaries: (please see previous page) Overall are \$54,615.17 or 6.55% below 2015. Full time and overtime salaries are below 2015 YTD salaries while Part time salaries are 7.64% above 2015. This correlates with the per diem staff that continue to be utilized to assist in nursing shortage coverage. Overall, 2016 salaries are 23.93% of budget while this time last year we were at 26.36% of budget for total salaries.

Expenses: Contractual expenses for 2016 are below 2015 due to the correlation in the reduction in expenses related to the Long Term Care program.

Employee Benefits:

Employee benefits are below last year and correlates with the nursing position shortages that we have experienced.

Revenues:

Revenues for 2016 are below 2015 due to the fact that we no longer have the Long Term Care program and timing of grant revenues.

Warren County Health Services
 Patient Evaluations
 CHHA Division

CATEGORY	01/2014	02/2014	03/2014	04/2014	05/2014	06/2014	07/2014	08/2014	09/2014	10/2014	11/2014	12/2014
SN eval	127	110	132	114	139	85	116	122	106	103	109	116
SN IV eval	7	4	6	2	5	7	5	5	6	15	4	7
CDPAP	7	2	0	0	0	0	0	0	0	0	0	0
PRI	3	2	3	4	0	5	3	3	6	3	5	5
UASNY	15	11	18	14	12	23	26	21	19	16	15	26
SN Evals per month	159	129	159	134	156	120	150	151	137	137	133	154
PT Evals	88	82	78	69	84	61	75	76	67	74	70	70
PT only	33	32	35	25	25	27	27	21	18	21	24	21
Total Evals per month	192	161	194	159	181	147	177	172	155	158	157	175

CATEGORY	01/2015	02/2015	03/2015	04/2015	05/2015	06/2015	07/2015	08/2015	09/2015	10/2015	11/2015	12/2015
SN eval	122	110	114	109	122	109	122	111	99	104	106	102
SN IV eval	9	6	8	13	5	7	8	3	9	5	1	8
PRI & CDPAP	6	5	5	6	5	2	2	7	1	1	1	5
UASNY	18	15	23	16	10	13	23	10	14	15	14	17
SN Evals per month	155	136	150	144	142	131	155	131	123	125	122	132
PT Evals	80	75	94	80	71	82	80	70	73	75	65	67
PT only	25	26	34	30	31	24	26	31	34	29	24	17
Total Evals per month	180	162	184	174	173	155	181	162	157	154	146	149

CATEGORY	01/2016	02/2016	03/2016	04/2016	05/2016	06/2016	07/2016	08/2016	09/2016	10/2016	11/2016	12/2016
SN eval	102	111	99									
SN IV eval	9	6	12									
PRI	4	6	1									
UASNY	19	11	11									
SN Evals per month	134	134	123	0	0	0	0	0	0	0	0	0
PT Evals	76	76	62									
PT only	25	26	19									
Total Evals per month	159	160	142	0	0	0	0	0	0	0	0	0

Difference -12% -1% -23%

Attachment #4

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services (Supervisory Committee) hereby authorizes Robin Andre CSN & Nancy Getz RN (Employee Name)

to attend 23rd Annual Professional Lactation Conference (Name of meeting or organization)

at Hilton Hotel, Burlington Vermont (Address)

On May 5 & 6 2016 (Dates). Mode of transportation to be used Health Services Fleet Vehicle (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. *Cost of tuition \$137.50 x 2 = \$275.00*

For Overnight Travel

- Room rate \$ 209+out of state tax GSA* Rate \$ 128 x 1 room

- Meal costs - GSA*per diem rate \$ 64 per day *for M and IE per employee paid upon submitted receipts*
*www.gsa.gov

Date: 4/20/16

Patricia
Department Head Signature

Date: April 20, 2016

[Signature]
Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

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. 15

Requesting Approval for Out-Of-State Travel*

*If the conference announcement or details are available in writing, please attach.

DEPARTMENT NAME: Health Services

DATE: 04/20/16

- (a) Dates of Travel: May 5th & 6th 2016
- (b) Purpose (include complete name of any conference, school, etc.):
To attend the 23rd Annual Professional Lactation Conference
- (c) City/Town & State: Burlington, Vermont
- (d) Employee(s) Traveling (include title(s)):
Robin Andre, Supervising Public Health Nurse (Temporary)
Nancy Getz, RN
- (e) Is County paying the costs or is another Agency?
County paying conference tuition \$137.50 per employee (50%), Vermont Lactation Consultant Association Inc paying \$137.50 per employee (50%)
- (f) Mode of Transportation to be Used: Health Services Fleet Vehicle (County Vehicle or Mass Transportation)

Please note: If County vehicle use is requested, upon resolution approval, please provide Fleet Manager Frank Morehouse with vehicle request form properly completed.

FY 2016 Per Diem Rates for Vermont

(October 2015 - September 2016)

Cities not appearing below may be located within a county for which rates are listed.

To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

You searched for: Vermont

Primary Destination (1, 2)	County (3, 4)	Max lodging by Month (excluding taxes)												M&IE (5)	
		2015			2016										
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Standard Rate	Applies for all locations without specified rates	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$89	\$51
Burlington / St. Albans / Middlebury	Chittenden / Franklin / Addison	\$128	\$104	\$104	\$104	\$104	\$104	\$104	\$104	\$128	\$128	\$128	\$128	\$128	\$64
Manchester	Bennington	\$119	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$98	\$119	\$119	\$119	\$69
Montpelier	Washington	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$74
Stowe	Lamoille	\$136	\$119	\$119	\$119	\$119	\$119	\$119	\$119	\$119	\$119	\$136	\$136	\$136	\$74
White River Junction	Windsor	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$69

Footnotes

1. Traveler reimbursement is based on the location of the work activities and not the accommodations, unless lodging is not available at the work activity, then the agency may authorize the rate where lodging is obtained.
2. Unless otherwise specified, the per diem locality is defined as "all locations within, or entirely surrounded by, the corporate limits of the key city, including independent entities located within those boundaries."
3. Per diem localities with county definitions shall include "all locations within, or entirely surrounded by, the corporate limits of the key city as well as the boundaries of the listed counties, including independent entities located within the boundaries of the key city and the listed counties (unless otherwise listed separately)."
4. When a military installation or Government-related facility (whether or not specifically named) is located partially within more than one city or county boundary, the applicable per diem rate for the entire installation or facility is the higher of the rates which apply to the cities and/or counties, even though part(s) of such activities may be located outside the defined per diem locality.
5. *Meals and Incidental Expenses*, see Breakdown of M&IE Expenses for important information on first and last days of travel.

The Vermont Lactation Consultant
Association, Inc.

Presents Our 23rd Annual

Professional Lactation Conference

May 5 & 6, 2016

Hilton Hotel, Burlington, Vermont



FACULTY

Kathleen Marinelli, MD, IBCLC, FABM, FAAP

Kathleen Marinelli is an Associate Professor of Pediatrics at the University of CT School of Medicine, a neonatologist and member of the Human Milk Research Center at CT Children's Medical Center, Hartford, CT. She graduated from Cornell University and Cornell University School of Medicine and did her post medical school training at Children's National Medical Center, George Washington University, Washington DC.

She was in the inaugural group of physicians to receive the designation of "Fellow of the Academy of Breastfeeding Medicine" (FABM), and served twelve years on the Academy of Breastfeeding Medicine (ABM) Board of Directors, and chaired the Protocol committee. Representing ABM on the United States Breastfeeding Committee, she served as Chair 2013-2014. She was elected to the International Lactation Consultant Association Board as a Director July 2014-July 2017. She is a member of the American Academy of Pediatrics Section on Breastfeeding, and has served as the AAP Connecticut Chapter Breastfeeding Coordinator since 2000. She is also active on many state and local committees and organizations.

Kathie was founding Medical Director of the New England Mother's Milk Bank and is currently co-Medical Director of the Mothers' Milk Bank of the Western Great Lakes. She has authored a number of chapters, monographs, peer-reviewed research papers, and ABM protocols. Her research centers on breastfeeding and the use of human milk in the NICU, cup feeding, donor milk and donor milk banking, the Baby-Friendly NICU, global maternal-child issues and the education of medical professionals and she lectures nationally and internationally.

Elizabeth Brooks, JD, IBCLC, FILCA

Liz Brooks is a lactation consultant in private practice (since 1999) and a lawyer (since 1983). She is an Adjunct Professor at Drexel University's College of Nursing and Health Professions, teaching "Public Policy of Breastfeeding" in the Human Lactation Consultation program. She has served on the Board of Directors of the International Lactation Consultant Association as Secretary and President. Currently, she sits on the Boards of the United States Breastfeeding Committee and Human Milk Banking Association of North America (HMBANA). She is active in her Pennsylvania-based professional association, and breastfeeding coalition. Liz was designated Fellow of the International Lactation Consultant Association (FILCA) in 2008.

Liz offers in-home and hospital-based IBCLC care, and teaches/lectures around the world. She knows the challenges faced each day by lactation consultants and healthcare providers. Liz brings to life the connection between lactation consultation and the law. IBCLCs face a maze of ethical, moral and legal requirements in their day-to-day practice, no matter what the work setting. With plain language and humor, Liz explains how lactation helpers can work ethically and legally. She offers pragmatic tips that can immediately be used in daily practice — to successfully navigate that maze!

This conference is intended for those working with pregnant and postpartum women and their families: lactation consultants, physicians, midwives, nurse practitioners, nurses, childbirth educators, doulas, La Leche League leaders, nutritionists, therapists, feeding specialists, and public health and WIC personnel.

Sampling of Objectives

Thursday

- Describe how prenatal nutrition can influence future nutrition and obesity in the growing baby.
- Discuss in detail our knowledge of individual drugs of addiction in relationship to lactation.
- List the options for management of allergic proctocolitis that can be taken to protect the breastfeeding relationship in most cases.
- Discuss how to clinically manage delayed lactogenesis for both mother and infant.
- Describe the differences between breastfeeding and human milk feeding.

Friday

- Identify differences between scopes of practice for various professions and describe the difference between a professional scope of practice and a work place conflict of interest.
- Provide a discharge plan for lactation that considers conditions when mother gets home, and incorporates contingencies for changing circumstances.
- Define when an IBCLC has a mandatory reporting obligation for child safety or protection issues.
- Define a "duty to warn" for the lactation client/patient wishing to use phone-based text messaging to communicate
- Articulate an evidence-based rationale for the role and impact of the IBCLC in clinical practice.

Accommodations

The Hilton Hotel Burlington overlooks Lake Champlain. A limited number of rooms are reserved for conference participants at special rates: single/double occupancy, \$124. Please make your reservations by calling the Burlington Hilton Hotel directly at (802) 658-6500 or fax (802) 658-4659, no later than March 15 for the special rate. Mention that you are attending the VLCA Conference. The hotel features an indoor pool, Jacuzzi, exercise equipment, a restaurant, and is a short walk to downtown Burlington. Web site: www.burlington.hilton.com. For information about the Burlington area, call the Lake Champlain Chamber of Commerce, (877) 686-5253, web site: www.vermont.org/visiting. Please make roommate arrangements on your own and be prepared for variations in temperature in the conference rooms.

Directions

Hilton Hotel Burlington is located at 60 Battery Street in Burlington, Vermont. Take Interstate 89 to Exit 14 West. Follow signs to downtown Burlington on Rt. 2 West, toward the lake. When Rt. 2 (Main Street) intersects with Battery Street, turn right. The Hilton will be

SCHEDULE

No audio or videotaping allowed.

Thursday, May 5, 2016

Kathleen Marinelli, MD, IBCLC, FABM, FAAP

7:30 a.m. - 4:15 p.m.

Lunch & Refreshments Included

7:30	Registration
8:00	Welcome
8:15	The Inter-relationships between Pregnancy, Obesity and Breastfeeding
9:45	Coffee Break
10:00	Substance Use, Abuse and Breastfeeding: What is Known and Yet to Know?
11:30	Lunch
12:45	Allergic Proctocolitis and the Exclusively Breastfed Baby
1:45	Dessert Break
2:00	Delayed Lactogenesis II: Where's the Milk?
3:00	Coffee Break
3:15	To Pump or Not to Pump? Why, When, How, With What, How Long, or...Not At All
4:15	Evaluation / CEU Awards

Friday, May 6, 2016

Liz Brooks, JD, IBCLC, FILCA

7:30 a.m. - 4:15 p.m.

Lunch & Refreshments Included

7:30	Registration
8:00	Welcome
8:15	When Worlds Collide: How Ethics Differ for IBCLCs, Peer Counselors, Nurses and Volunteers
9:15	Coffee Break
9:30	Dazed and Confused After Discharge: Cases from a Home Visiting IBCLC
10:30	Coffee Break
10:45	Who's Your Daddy, Mommy, Surrogate or Donor? Modern Families, Lactation, Ethics and the Law
11:45	Lunch
1:00	HIPAA for Hipsters: Law and Ethics of Texting and Cloud-based Sharing
2:30	Dessert Break
2:45	Game Show! Avoiding IBCLC Legal and Ethical Jeopardy
4:15	Evaluation / CEU Awards

on the right. Free parking coupons will be available at the registration desk.

Accessibility/Special Needs

All conference facilities are accessible to people with disabilities. For facilities information, contact Tricia by April 1, 2016 at conference@vlca.org or write to: VLCA Conference Facilities, PO Box 32, Starksboro, VT 05487

Infants

VLCA acknowledges and respects the need for mothers and babies to be together. Quiet babies in arms are welcome. We ask that those with babies sit near an exit door. Restless infants will require immediate attention as a courtesy to participants and for the comfort of the child.

Marketplace

The Marketplace offers outstanding exhibiting, sales, and networking opportunities to breastfeeding-friendly businesses. For exhibitor info, contact Vicki at marketplace@vlca.org or write to: VLCA Conference Marketplace, PO Box 218, Hyde Park, VT 05655

The Vermont Lactation Consultant Association, Inc. supports the World Health Organization International Code on the Marketing of Breastmilk Substitutes, and has requested that all exhibitors comply with the Code. This conference has not received funding from any manufacturer of artificial milk for babies.

Continuing Education Credits

This conference has applied for continuing education credits. Visit www.vlca.org for more information.

Tuition Assistance

Limited tuition assistance is available. For further information about the application guidelines, write to Tricia by April 1, 2016 at

tuitionaid@vlca.org or

VLCA Conference Tuition Assistance

PO Box 32

Starksboro, VT 05487

Pfeil, Diane

From: Tricia Cassi <conference@vlca.org>
Sent: Monday, April 18, 2016 9:55 PM
To: Caldwell, Diane: tuitionaid@vlca.org
Cc: Andre, Robin; Getz, Nancy; Kathleen Barrett
Subject: RE: Tuition Assistance application for Warren County NY

Hi Diane,

Please let Robin and Nancy know that tuition assistance was approved. If they have not already, they should send the registration forms to us at VLCA Conference, PO Box 32, Starksboro, VT 05487.

Thank you!
Tricia

From: Pfeil, Diane [mailto:pfeild@warrencountyny.gov]
Sent: Tuesday, April 5, 2016 11:27 AM
To: tuitionaid@vlca.org
Cc: Andre, Robin <andrer@warrencountyny.gov>; Getz, Nancy <getzn@warrencountyny.gov>
Subject: Tuition Assistance application for Warren County NY

Please see attached applications for Robin Andre and Nancy Getz of Warren County NY for 23rd Annual Professional Lactation Conference. Please notified both with receiving applications.
Thank you.

Diane Pfeil
Senior Clerk
Warren County Public Health
Tel: 518-761-6421 ~ Fax: 518-761-6422
e-mail: pfeild@warrencountyny.gov

VLCA Membership

Annual Dues: \$25. Join now! Save \$10 off registration.

Registration Information

Please read carefully and completely.

Pre-registration is required.

Phone registration is not accepted.

Early registration is strongly recommended.

Mail Registration Form to:

VLCA Conference

PO Box 32, Starksboro, VT 05487

For information, email Kathy at registration@vlca.org or call 802-453-3087 (10 a.m. – 5 p.m.)

Payments

Make check payable to **VLCA Conference**, and enclose with the registration form. (Check or money order in US funds only.)

For written confirmation, enclose a SASE with US postage.

Payments from Individuals

- Registration form must be accompanied by payment.

Payments from Employers

- Registration form must be received on or before the deadline.
- Signed documentation by employer on letterhead stationary, verifying forthcoming payment, must be included with the registration form.

• When you submit your registration form to your employer, email Kathy at registration@vlca.org to confirm registration and your choice of entrée, in the event your registration form does not reach us in time.

Payment must be received by April 22, 2016.

Register early and confirm with your employer that registration was mailed.

Cancellations

Cancellations received by April 8, 2016 will receive a tuition refund less a \$55.00 fee per day. Cancellations must be received in writing. Refunds will be mailed after the conference.

No refunds given after the deadline or for “no-shows”.

VLCA is not responsible to refund registration if the speakers and/or content are changed due to circumstances beyond our control.

Deadlines

Hotel Reservation – March 30, 2016

Early Registration – April 8

Final Registration – April 22

Web site: www.vlca.org

Email: conference@vlca.org

Facebook: <https://www.facebook.com/groups/422675187793837/>

— for current news and information.

Registration Form — Please PRINT or TYPE

Name Nancy
First (as it should appear on your name badge)

Getz
Last

Include up to two credentials RN CLC, CCE

Address 18 Stonegate Dr.
Please specify: home address or work address

City Oloy

State, Zip/Postal Code NY. 12804

Home Phone 518-761-6580 Work Phone 518-761-6580

Employer / City Warren County New York

Email Address getzn@warrencountyny.gov
(home or work)

Tuition

Tuition Includes: Program packet, lunch and refreshment breaks, and a continuing education certificate. We make every effort to have the latest, most-up-to-date handouts for participants.

IMPORTANT:

Check the day(s) you plan to attend:

Thursday, May 5 (Kathleen Marinelli)

Friday, May 6 (Liz Brooks)

Choose your entrée:

Thursday:

- Seared Chicken Breast with Marsala Sauce, Red Potato Mash, Snow Peas and Red Pepper
- Roasted Red Pepper stuffed with Farro, Tomato & Mozzarella Cheese, Red Potato Mash and Broccoli
- Chicken Caesar Salad

Friday:

- Seared Chicken Breast over Lemon Basil Gluten-free Pasta with Wilted Spinach
- Cheese Ravioli with Pesto topped with Sautéed Vegetables
- Chicken Caesar Salad

Early Registration Postmarked on or before 4/08/2016		
2016 VLCA Member	Non-member	Physician (if CME credits desired)
1 Day \$170 <input type="radio"/>	1 Day \$180 <input type="radio"/>	1 Day \$260 <input type="radio"/>
2 Days \$255 <input type="radio"/>	2 Days \$265 <input type="radio"/>	2 Days \$385 <input type="radio"/>

Final Registration - Deadline 4/22/2016 Postmarked after 4/08/2016		
2016 VLCA Member	Non-member	Physician (if CME credits desired)
1 Day \$180 <input type="radio"/>	1 Day \$190 <input type="radio"/>	1 Day \$270 <input type="radio"/>
2 Days \$275 <input type="radio"/>	2 Days \$275 <input checked="" type="radio"/>	2 Days \$405 <input type="radio"/>

Tuition (Thursday and/or Friday)

VLCA Membership dues \$25
(Do not pay if attending at non-member rates)

Amount Enclosed

Employer Amount to be paid by April 22, 2016

Mail to: VLCA Conference, PO Box 32, Starksboro, VT 05487

\$ 275
Tuition covered
\$ 137.5

\$

\$ 137.50

VLCA Membership

Annual Dues: \$25. Join now! Save \$10 off registration.

Registration Information

Please read carefully and completely.

Pre-registration is required.

Phone registration is not accepted.

Early registration is strongly recommended.

Mail Registration Form to:

VLCA Conference

PO Box 32, Starksboro, VT 05487

For information, email Kathy at registration@vlca.org or call 802-453-3087 (10 a.m. – 5 p.m.)

Payments

Make check payable to **VLCA Conference**, and enclose with the registration form. (Check or money order in US funds only.)

For written confirmation, enclose a SASE with US postage.

Payments from Individuals

- Registration form must be accompanied by payment.

Payments from Employers

- Registration form must be received on or before the deadline.
- Signed documentation by employer on letterhead stationary, verifying forthcoming payment, must be included with the registration form.

• When you submit your registration form to your employer, email Kathy at registration@vlca.org to confirm registration and your choice of entrée, in the event your registration form does not reach us in time.

Payment must be received by April 22, 2016.

Register early and confirm with your employer that registration was mailed.

Cancellations

Cancellations received by April 8, 2016 will receive a tuition refund less a \$55.00 fee per day. Cancellations must be received in writing. Refunds will be mailed after the conference.

No refunds given after the deadline or for "no-shows".

VLCA is not responsible to refund registration if the speakers and/or content are changed due to circumstances beyond our control.

Deadlines

Hotel Reservation – March 30, 2016

Early Registration – April 8

Final Registration – April 22

Web site: www.vlca.org

Email: conference@vlca.org

Facebook: <https://www.facebook.com/groups/422675187793837/>

— for current news and information.

Registration Form — Please PRINT or TYPE

Name Robin
First (as it should appear on your name badge)

Andre
Last

Include up to two credentials _____

Address 1340 State Route 9
Please specify: home address or work address

City Lake George

State, Zip/Postal Code NY 12845

Home Phone 518-791-3863 Work Phone 518-761-6580

Employer / City Warren County Health

Email Address andrea@warrencountyny.gov
(home or work

Tuition

Tuition Includes: Program packet, lunch and refreshment breaks, and a continuing education certificate. We make every effort to have the latest, most-up-to-date handouts for participants.

IMPORTANT:

Check the day(s) you plan to attend:

Thursday, May 5 (Kathleen Marinelli)

Friday, May 6 (Liz Brooks)

Choose your entrée:

Thursday:

- Seared Chicken Breast with Marsala Sauce, Red Potato Mash, Snow Peas and Red Pepper
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Final Registration - Deadline 4/22/2016 Postmarked after 4/08/2016		
2016 VLCA Member	Non-member	Physician (if CME credits desired)
1 Day \$180 <input type="radio"/>	1 Day \$190 <input checked="" type="radio"/>	1 Day \$270 <input type="radio"/>
2 Days \$275 <input type="radio"/>	2 Days \$275 <input checked="" type="radio"/>	2 Days \$405 <input type="radio"/>

Tuition (Thursday and/or Friday) *tuition assistance* \$ 275 - 137.50

VLCA Membership dues \$25 \$ _____

(Do not pay if attending at non-member rates)
Amount Enclosed \$ _____

Employer Amount to be paid by April 22, 2016 \$ 137.50

Mail to: VLCA Conference, PO Box 32, Starksboro, VT 05487

Vermont Lactation Consultant Association, Inc.
23rd Annual Professional Lactation Conference

May 5 & 6, 2016

Tuition Assistance Application

Date 3/31/16

Conference Date Requested: Thursday, May 5 (Elizabeth Brooks)
 Friday, May 6 (Kathleen Marinelli)

VLCA will cover up to the cost of **one** day.

Name Robin Andre

Address 200 Bridge St

City Giers Falls State or Province Ny Zip or Postal Code 12801

Email Address ~~andre@warren.ny.us~~ andre@co.warren.ny.us

Phone (home) 518-791-3863 (work) 518-761-6580

Employer Warren County Public Health

Position PHN, CIC, CCE

Do you work? Full time Part time No

Are you a student? Yes No

If yes, what program? _____

How much can you contribute to the cost of this conference? Travel, room, meals

Please briefly describe your current circumstances and why tuition assistance is needed to attend.

Limited assistance from employer for education

Is funding available from your employer or school?

Employer willing to pay for 1 day of conference

Please email this form to: tuitionaid@vlca.org by **April 8, 2016**

For office use only:		Date Rec'd: _____
Tuition Aid:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date notified: _____
		Amount: _____

Vermont Lactation Consultant Association, Inc.
23rd Annual Professional Lactation Conference

May 5 & 6, 2016

Tuition Assistance Application

Date 3/31/16

Conference Date Requested: Thursday, May 5 (Elizabeth Brooks)
 Friday, May 6 (Kathleen Marinelli)

VLCA will cover up to the cost of **one** day.

Name Nancy Getz

Address 18 Stonegate Dr.

City Qby State or Province NY Zip or Postal Code 12804

Email Address getzn@warrencountyny.gov

Phone (home) 518-207-3262 (work) 518-761-6580

Employer Warren County Public Health

Position Maternal Child Health - RN, CLC, CCE

Do you work? Full time Part time No

Are you a student? Yes No

If yes, what program? _____

How much can you contribute to the cost of this conference? Travel, Room, meals

Please briefly describe your current circumstances and why tuition assistance is needed to attend.

Very limited assistance from employer for education.

Is funding available from your employer or school?

Employer willing to pay for 1 day of conference.

Please email this form to: tuitionaid@vlca.org by April 8, 2016

For office use only:		Date Rec'd: _____
Tuition Aid:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date notified: _____
		Amount: _____

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: Health Services

DATE: 04/20/16

- (a) Purpose of Request: To ratify the action of the Health Services Committee in authorizing out of state travel to Burlington, Vermont for Robin Andre, Supervising Public Health Nurse and Nancy Getz, RN to attend the 23rd Annual Professional Lactation Conference
- (b) Details: The conference is necessary for these nurses to maintain cortication as Lactation Consultants
- (c) Previous Resolution Number: Not applicable

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: Warren County Health Services-Health Services (CHHA) Program

DATE: April 20, 2016

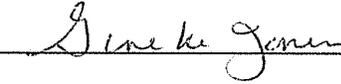
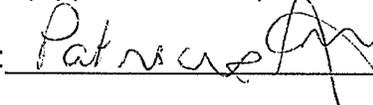
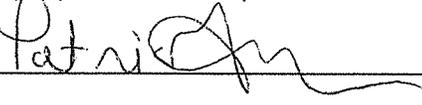
- (a) **Purpose of Amendment:** To amend the 2016 budget to reflect payment received by Health Services (CHHA) from an insurance company for repairs related to a vehicle accident which totaled **\$3,195.77.**
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4010.2680 Health Services-Insurance Recovery Revenue \$3,195.77.

Revenue Code (with title), and Amount:

A.4010.441 Health Services-Auto Repair Expense \$3,195.77.

RESOLUTION REQUEST FORM NO. 19

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

1. Employee's Name: Ginelle Jones
2. Position: Asst. Director of Public Health 3. Department: Health Services
4. Course Title: EPI 500 Principles and Methods of Epidemiology
5. Institution or School: SUNY School of Public Health
6. How Course Relates to Current Position: Disease control is one of the primary roles of Public Health and Epidemiology is an important factor of the program. New York State Department of Health is strongly recommending local health department staff to take these classes.
7. Starting Date: 05/2016 (5/23/16) 8. Completion Date: 08/2016 (8/12/16)
9. Cost: \$1359
10. Employee's Signature:  Date: 4-14-16
11. Supervisor's Comments (Approval/Denial):
Supervisor's Signature:  Date: 4.14.16
12. Department Head's Comments (Approval/Denial):
Department Head's Signature:  Date: 4.14.16
13. Committee's Recommendation:
Committee Chairman's Signature:  Date: April 20, 2016
Signature: _____ Date: _____
Chairman of the Board of Supervisors

If approved by Committee, and resolution approving the course if 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 "C", its equivalent, or better. Employee then submits a voucher with receipts verifying costs as listed and a copy of their final grade.

Warren County Board of Supervisors

RESOLUTION NO. 623 OF 2015

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

AUTHORIZING ASSISTANT DIRECTOR OF PUBLIC HEALTH, GINELLE JONES TO ENROLL IN JOB-RELATED COURSES

WHEREAS, Ginelle Jones, Assistant Director of Public Health, has submitted an Application for Approval of Enrollment in Job-Related Courses by an Employee for courses offered through SUNY Albany School of Public Health, for the following term and amount, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby approves Ginelle Jones' enrollment in the following courses for the term and amount listed, which approval for the employee shall be contingent upon continued employment with Warren County for at least 18 consecutive months after completing these courses, for the course period set forth below and upon completion of said courses with a grade of "C" or better for each course:

COURSES & COLLEGE	TERM	REIMBURSABLE AMOUNT (NOT TO EXCEED)
EPI 500 HEHS 590 - Introduction to Environmental Health - SUNY Albany School of Public Health	January 20, 2016 - May 4, 2016 May 20, 2016 - August 20, 2016	\$1,359 (OK)
Principles and Methods of Epidemiology	TOTAL NOT TO EXCEED	\$1,359 (OK)

and be it further,
RESOLVED, that Ginelle Jones, shall be reimbursed for fifty percent (50%) of the course costs needed for the above course and associated course fees if any, upon the submission of vouchers with receipts verifying costs for same, and be it further

RESOLVED, that the funds for the above reimbursement shall be expended from Budget Code ~~A.4016.444 -~~
~~Long Term Home Healthcare, Travel/Education/Conference.~~ A.4018.0030.444

Disease Program Education

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Health Services

DATE: 04/20/2016

- (a) Title of Requested Position: WIC Nutrition Facilitator
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 16 - \$39,979, prorated to per diem hourly (\$19.22), not to exceed 20 hours per week
- (c) Effective Date for New Position:* 05/23/2016
*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 (with title), Object Code (with title), and Amount: 4013.130 part time WIC salaries
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? Yes: (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain: Not mandated but fully reimbursed position is dependent upon full grant funding
- (h) Is there expected revenue from this position? If so, please explain: Yes, position is 100% funded by WIC program New York State Department of Health Contract

Warren County WIC Program
Warren County Municipal Center
1340 State Route 9
Lake George, NY 12845
Office: 761-6425 Fax: 761-7643

April 13, 2016

Re: Proposed hire of Per Diem WIC Nutrition Facilitator

Currently Warren County WIC employs one WIC Nutrition Facilitator and one WIC Dietitian at grade level 16. Both employees hold the required education and experience mandated by the NYS DOH Bureau of Supplemental Food Programs (BSFP). Within the structure of the WIC program, both positions are required to perform under a sub-category as a Certified Professional Authority (CPA) 1 and a Certified Professional Authority 2.

In February 2016, local agency (LA) WIC Coordinators were informed of modifications to the education and experience required for all WIC staff. It has not yet become WIC policy but is anticipated to be within this calendar year. This LA will continue to be in compliance with all regulations with current staff; except for coverage when the WIC Nutrition Facilitator and/or the WIC Dietitian are absent from work. Specifically, both of these positions are solely responsible for the nutritional assessment, and the implementation and follow-through of participants identified to be "high risk". The Nutrition Facilitator remains a CPA 3. The WIC Dietitian is "grandfathered" in as a CPA 3; however with the pending change in policy would be a CPA 2 if a new hire.

In addition to the pending role changes, this local agency finds itself at several clinics one CPA 3 absent from work. Each of these two persons is a long standing Warren County employees with maximum accumulation of benefits. All of our staff are committed to the services we provide and make every attempt to schedule appointments outside of work time; however, providing WIC services throughout the county takes staff into the field at least 15 work days per month.

Hire of a per diem WIC Nutrition Facilitator will allow this local agency the assurance of having a CPA 3 in attendance at all clinics; CPAs will be provided with the use of the benefit time with more flexibility and high risk care participants will be afforded the appropriate guidance for their nutritional risk. All factors of this hire will satisfy the pending policy revisions to the Nutrition Support Staff and CPAs (WIC Policy Manual #1460) and High Risk Care (WIC Policy Manual # 1216).

Attached please find a statement from Michael Rimkunas (Director, Fiscal Management Section, Bureau of Supplemental Food Programs) which confirms the NYS DOH commitment to guarantee funding for this position throughout the remainder of WIC's current five year contract.

Submitted by Toni Roth (Coordinator, Warren County WIC)

Roth, Antoinette

From: Stephano, Connie (HEALTH) <connie.stephano@health.ny.gov>
Sent: Tuesday, February 16, 2016 5:17 PM
To: Roth, Antoinette
Cc: Gaetani, Anne (HEALTH); Rimkunas, Michael E (HEALTH); Huggins, Joshua (HEALTH)
Subject: Warren County - Use of unallocated funding for staffing

Hi Toni,

In response to your request for something in writing from Mick regarding the use of unallocated funding for staffing please see below.

Thanks,
Connie

From: Rimkunas, Michael E (HEALTH)
Sent: Tuesday, February 16, 2016 10:15 AM
To: Stephano, Connie (HEALTH) <connie.stephano@health.ny.gov>
Cc: Gaetani, Anne (HEALTH) <anne.gaetani@health.ny.gov>
Subject: RE: Request from Marj Irwin

If the Co. will use the additional unallocated funding for staffing, I will agree to allow them to use it for the remainder of this 5 year contract. The only caveat is, that is with all of WIC funding, this is dependent on the availability – if USDA or NYS reduces funding to our program, as a last resort, there would be a statewide across the board reduction. That is the worst case scenario – I do not anticipate WIC being in that position.

Michael Rimkunas, Director
Fiscal Management Section
Bureau of Supplemental Food Programs

New York State Department of Health
Riverview Center, 150 Broadway, Suite 650, Albany, NY 12204
(518) 402-7099 Michael.Rimkunas@health.ny.gov

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: 3600
Title of Position: Supervising public health ^{FA} nurse Base Salary of Position: TBD salary study Grade: NON bargaining
Filling at Step # (If Known): N/A Request to Backfill Due to Promotion: Yes No
Budget code and title: 4010-110 Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No.: 8460 Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State _____ % Other _____ % oversees nursing staff whose services are billable

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. AP 4-7-16

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 W B M J Date 4/5/16

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 Frank E Thomas Date 4/12/16

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social 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 April 20, 2016

PCW