

**SOCIAL SERVICES COMMITTEE**  
**COUNTRYSIDE ADULT HOME**  
**AGENDA**  
**MAY 1, 2017**

Committee Members: Frasier, MacDonald, Vanselow, Montesi, Braymer, McDevitt, Leggett

- I. Committee Meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee Meeting
- III. Action Agenda/New Business – Updates

**Request Resolution:**

Notice of Intent to Fill the Position of Institutional Aide #4 (4-day), Employee No. 12554, Base Salary \$20,658, Grade 3, due to resignation.

**Rationale:**

This is a mandated position.

**Request Resolution:**

Notice of Intent to Fill the Position of Part-Time Institutional Aide #4 (3-day), Employee No. 12842, Base Salary \$15,494, Grade 3, due to promotion.

**Rationale:**

This is a mandated position.

**Request Resolution:**

Requesting Authorization to pay to the New York State Department of Health a late Inspection Reporting fee of \$220.00.

**Rationale:**

This is a mandatory fee.

- IV. Referral/Pending Items - There are no pending items..
- V. Information for Discussion/Review  
Laundry Proposal - to be tabled;  
Admissions and Discharges for March  
Overtime Report for 2017
- VI. Privilege of the Floor to discuss any additional items to come before the Committee
- VII. Motion to Adjourn

**Attachments:**

- Notices of Intent to Fill Institutional Aide Positions (2)
- Miscellaneous Resolution Request to pay fee to NYS DOH
- Overtime Report for March

# 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: COUNTRYSIDE ADULT HOME Payroll Dept. No.: 42.

Title of Position: INSTITUTIONAL AIDE ~~PT~~ #4 Base Salary of Position: \$20,658 Grade: 3

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

Budget code and title: A6030 130 Union  Non-Union

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

Employee No: 12554 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State 50%  Other %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list  Competitive-no list (*hiring would be provisional*)  Non-Competitive  Other *Labor class*  
*REN 4/5/17*

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. *4-6-17*

### 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. [Signature]*

Date

*4/11/17*

### 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

*4/12/17*

### 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

*Edna A. Frasci*

Date

*5/1/17*

# 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: COUNTRYSIDE ADULT HOME Payroll Dept. No.: 42.

Title of Position: INSTITUTIONAL AIDE PT #4 Base Salary of Position: \$15,494 Grade: 3

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

Budget code and title: A6030 130 Union  Non-Union

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

Employee No: 12842 Is this position mandated?  Yes  No Is the position reimbursable?  Yes  No

Source of reimbursement:  Federal %  State 50%  Other %

### CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

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

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. *AS 4/13/17*

### 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 *B. M. [Signature]* Date *4/13/17*

### 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 *4/12/17*

### 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 *Edna A. Francis* Date *5/1/17*

# 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: COUNTRYSIDE ADULT HOME

DATE: MAY , 2017

- (a) Purpose of Request: **To Authorize a payment in the amount of \$220.00 to the New York State Department of Health for the late submission of the Inspection Report.**
- (b) Details: **The Report has been submitted.**
- (c) Previous Resolution Number:
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title\* and Amount: **Budget Code 6030 440**

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

\* as listed in budget and LOGOS

Countryside Adult Home - Overtime Report

Week Ending	2016 OT Hours	2017 OT Hours	Includes Holiday	Net Difference from 2016	1st Shift Hours	2nd Shift Hours	3rd Shift Hours
01/08/17	83	65.0	New Years	22%	45.5	15.5	4
01/22/17	86	61.5		28%	35	9.5	17
02/05/17	0	1.0	Martin Luther King	100%	0.4	0.6	
02/19/17	78.5	12.3	Presidents Day		11.3	1	
03/05/17	3	103.5		34500%	51.5	26	26
03/19/17	10	24.3		143%	14.3	10	