

PERSONNEL & ADMINISTRATION COMMITTEE

AGENDA

JANUARY 30, 2020

Committee Members: Simpson, Geraghty, Frasier, Braymer, Conover, Magowan, McDevitt, Merlino and Wild

- I. Committee meeting called to order by Chairman.
- II. Motion to approve minutes of prior Committee meetings.
- III. Privilege of the floor

IV. Action Agenda

1) Items/Requests to be Discussed by the Human Resources Director and/or Personnel Officer:

Human Resources-

- A) Review of report on tracking of vacancies filled.
- B) Amending the 2019 Salary Schedule to correct the salary for Assistant Social Services Attorney #2 position.
- C) Amending the Warren County Alcohol & Drug Testing Policy for Employees Holding a Commercial Driver's License (CDL).
- D) Amending personnel policies for County employees outside the bargaining units.

2) Referral from the Criminal Justice Committee, Public Defender:

Request to amend the Table of Organization and Salary Schedule to create and fill the new position of 9th Assistant Public Defender, *Annual Salary \$69,891*, effective February 24, 2020.

3) Referrals from the Human Services Committee, Social Services:

- A) Request to amend the Table of Organization and Salary Schedule to create and fill the new position of Caseworker, Part-Time, Temporary (up to 20 hrs/wk), *Grade 46, Base Annual Salary \$43,390*, effective February 24, 2020.
- B) Request to amend the Table of Organization and Salary Schedule to delete the position of Caseworker #11 effective February 24, 2020.

4) Referrals from the Public Safety Committee:

Office of Emergency Services -

- A) Request to amend the Table of Organization and Salary Schedule to create and fill the new position of Fire Coordinator - Temporary, *Hourly rate of \$45.6093*, not to exceed \$10,000 and delete the position of Grant Administrator.

Sheriff -

- B) Request to amend Resolution No. 234 of 2019 to extend the effective date for the Building Maintenance Mechanic Part Time Temporary position to April 30, 2020, as well as to increase the Annual Base Salary for 2020 to \$48,673.83 in accordance with the 2020 Salary Schedule.

5) Referral from the Support Services Committee - Weights & Measures:

Request to amend the Table of Organization and Salary Schedule to create and fill the new position of Weights & Measures Inspector - Per Diem #2 (*\$28.9285/hr - not to exceed \$8,000 per year*).

6) Requests/Items to be Discussed by the Clerk of the Board:

Request to amend Resolution No. 440 of 2019, which authorizes payment for services submitted by Warren County Coroners, to include provision for payment of fees related to removal to/from funeral home when off site refrigeration is required.

Continued

7) **Requests/Items to be Discussed by the County Administrator:**

- A) Request for a transfer of funds within the 2019 Budget in the amount of \$5,500 to cover the costs of legal fees associated with Westmount settlements per contract and costs incurred by the County Administrator for general operations.
- B) Request to amend the Warren County Credit Card Policy to add cards in the name of the Commissioner of Social Services and the Director of Health Services, both with a monthly credit limit of \$1,000.
- C) 2020 Census update.

8) **Requests/Items to be Discussed by the County Attorney:**

Request for an executive session to discuss -

- A) CSEA contract;
- B) Possible Westmount settlement;
- C) Litigation status update.

V. **Pending Items:**

Personnel - None.

Higher Education - None.

VI. **Vacancies Approved for Filling by Oversight Committee:**

- Buildings* - Cleaner #10, *Grade 2, Base Annual Salary \$27,438*, due to retirement.
- Health Services* - Public Health Nurse #35, *Grade 21, Base Annual Salary \$50,816*, due to retirement.
- Registered Professional Nurse #31, *Grade 19, Base Annual Salary \$47,523*, due to resignation.
- Infant Feeding Advocate (part-time not to exceed 20 hrs/wk), *Grade 3, Base Annual Salary \$28,026 (\$13.47/hr)*, due resignation.
- Public Defender* - Coordinating Assistant Public Defender, *Annual Salary \$94,475*.
- 3rd Assistant Public Defender, *Annual Salary \$69,891*.
- Legal Clerk, *Grade 5, Base Annual Salary \$30,520*.
- Public Works* - MEO(L) #5, *Grade 7, Base Annual Salary \$33,600*, due to retirement.
- MEO(L) #16, *Grade 7, Base Annual Salary \$33,600*, due to promotion.
- MEO(M) #23, *Grade 9, Base Annual Salary \$36,214*, due to resignation.
- Sheriff* - Patrol Sergeant #2, *Annual Salary \$78,519*, due to retirement.
- Patrol Officer #TBD, *Annual Salary \$42,373*, due to promotion.
- Communications Officer #14, *Annual Salary \$41,740*, due to retirement.
- Social Services* - Sr. Social Welfare Examiner #8, *Grade 11, Base Annual Salary \$38,225*.
- Caseworker #23, *Grade 16, Base Annual Salary \$43,390*, due to resignation.
- Support Investigator #6, *Grade 8, Base Annual Salary \$34,988*, due to promotion.
- Resource Clerk #3, *Grade 4, Base Annual Salary \$29,333*, due to promotion.
- Caseworker #16, *Grade 16, Base Annual Salary \$43,390*, due to resignation.

Positions filled on emergency basis since last meeting:

- Sheriff* - Communications Officer #15, *Annual Salary \$41,740*, due to termination.
- Communications Officer #21, *Annual Salary \$41,740*, due to creation.
- Investigative Sergeant #1, *Annual Salary \$78,519*, due to creation.
- Investigator #5, *Annual Salary \$72,561*, due to promotion.
- Patrol Lieutenant #3, *Annual Salary \$99,174*, due to creation.
- Patrol Sergeant #1, *Annual Salary \$78,519*, due to promotion.
- Patrol Officer #TBD, *Annual Salary \$55,517*, due to promotion.
- Patrol Officer #TBD, *Annual Salary \$42,373*, due to promotion.
- Veterans' Services* - Program Coordinator, Peer-to-Peer Support Services, *Grade 16, Base Annual Salary \$21,684*, due to resignation.

2020 - INTENT TO FILL VACANT POSITIONS

Personnel Cntr./ Approval Date	Department	Position Title	Incumbent	Reason for Vacancy*	Incumbent Salary	Salary Approved	Date Filled	Hire	Salary Hired	Approved vs. Hired	Incumbent vs. Hired
1/1/2020	Public Defender	Data Officer- Indigent Legal Services	N/A	N	N/A	\$ 55,930.00	1/1/2020	Brothers	\$ 55,930.00	\$ -	\$ -
1/1/2020	Social Services	Principal Social Welfare Examiner #2 (2599)	N/A	N	N/A	\$ 42,141.00	1/1/2020	Klaiber	\$ 52,234.00	\$ 10,093.00	\$ -
1/1/2020	Countryside	Cook #5 (2600)	N/A	N	N/A	\$ 29,333.00	1/1/2020	Porter	\$ 29,333.00	\$ -	\$ -
1/1/2020	Countryside	Leisure Time Activities Aide #2 (2601)	N/A	N	N/A	\$ 28,026.00	1/1/2020	Tennant	\$ 29,594.00	\$ 1,568.00	\$ -
1/1/2020	District Attorney	Legal Clerk #5 (2585)	N/A	N	N/A	\$ 30,520.00	1/21/2020	Cogdill	\$ 30,520.00	\$ -	\$ -
1/1/2020	District Attorney	8th ADA (2589)	N/A	N	N/A	\$ 66,563.00	1/24/2020	Smith	\$ 66,563.00	\$ -	\$ -
1/1/2020	Health Services	Medical Records Coder (Part Time)	N/A	N	N/A	18.09/ hour	vacant				
									TOTALS:	\$ 11,661.00	\$ -

* (RT= Retired, RS= resigned, PR= promotion, O= Other, N= New)

RESOLUTION REQUEST FORM NO. 13***Request to Increase or Decrease Salary of Non-Union Position*****DEPARTMENT NAME: Social Services****DATE: 1/16/20**

- (a) Employee Name, Title and Employee No.: **Assistant SS Attorney #2**
- (b) Current Annual **Base** Salary (and Grade if Applicable):
- (c) Former Annual **Base** Salary (and Grade if Applicable):
- (d) Effective Date for Salary Change:* **11/18/19 - 12/31/19**
*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: **The 2019 budgeted salary for this position was \$75,480. When the position was filled it was filled at the 2019 entry rate of \$69,891 per the Administrative Directive on attorney salaries. The employee was paid correctly, but the Table of Organization was never updated to reflect this change.**

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.*

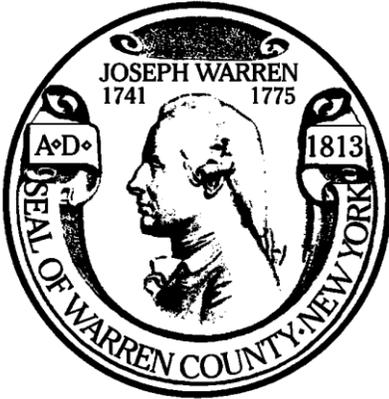
DEPARTMENT NAME: Human Resources

DATE: January 24, 2020

- (a) Purpose of Request: **Amend WC Alcohol & Drug Testing Policy for Employees Holding a Commercial Drivers License (CDL) to comply with updated requirements from the US Department of Transportation Federal Motor Carrier Safety Administration.**
- (b) Details: **To updated policy to include language regarding the new Clearinghouse for CDL drivers.**
- (c) Previous Resolution Number: **Resolution 137 of 2019**
- (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
Alcohol & Drug Testing Policy
Commercial Driver License (CDL)**

Adopted: _____

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INTRODUCTION

On February 15, 1994 the United States Department of Transportation (DOT) published the final rules for drug and alcohol testing of Commercial Driver License (CDL) holders. The final rules must be implemented by all employers of CDL holders by January 1, 1996.

These rules prohibit CDL holders from engaging in certain drug and alcohol related conduct and require employers to test employees to ensure compliance with the drug and alcohol rules.

This policy has been developed as a means to ensure that all Warren County employees who hold a CDL are informed of the FEDERAL rules for the drug and alcohol testing and the consequences of any violation.

IF YOU POSSESS A CDL AND DRIVE, INSPECT, REPAIR, LOAD OR UNLOAD A COMMERCIAL VEHICLE ON COUNTY BUSINESS, THE FOLLOWING RULES APPLY TO YOU.

IF YOU ARE A CDL HOLDER AND CURRENTLY OCCUPY A DEPARTMENT OF PERSONNEL ADMINISTRATION DESIGNATED SAFETY-SENSITIVE CLASSIFICATION, YOU ARE SUBJECT TO SUBSTANCE TESTING UNDER BOTH STATE AND FEDERAL AUTHORITIES.

TO ALL WARREN COUNTY EMPLOYEES WHO HOLD A CLASS A OR CLASS B COMMERCIAL DRIVER LICENSE (CDL)

Federal Highway Administration (FHWA) regulations require annual random, unannounced alcohol and controlled substance (drug) testing of all CDL holders. The penalties for violation of the new FHWA alcohol misuse and controlled substance use regulations are considerable. If a CDL holder tests positive for drug use or the misuse of alcohol the CDL holder will be prohibited from performing safety-sensitive functions associated with the operation of a commercial vehicle and the CDL holder may be subject to a \$10,000 fine under 49 U.S.C. 521 (b). Additionally, Warren County will take corrective disciplinary action up to and including termination for any employee found in violation of the FHWA regulations.

If you are experiencing difficulty with the use of alcohol or drugs, you are strongly encouraged to notify your supervisor, or Department Head. Warren County will assist you as much as is operationally practicable in helping you to overcome problems associated with substance abuse and protect your employment status. Please see the section entitled "Where to Get Help".

**WARREN COUNTY
SUBSTANCE ABUSE POLICY FOR
COMMERCIAL MOTOR VEHICLE DRIVERS**

1.0 STATEMENT OF PURPOSE AND SCOPE OF POLICY

- 1.1 Warren County is firmly committed to ensuring a safe, healthy, productive and efficient work environment for our employees and the public we serve. The County has a vital interest in ensuring a safe, healthy and efficient working environment and the prevention of accidents and injuries which can result from the misuse of alcohol or controlled substances by drivers of the County's commercial motor vehicles. For these reasons, and as required by the drug and alcohol testing regulations of the Federal Motor Carrier Safety Administration ("FMCSA"), the County has established this substance abuse policy for the drivers of its commercial motor vehicles. Drug and alcohol testing is an integral part of our policy and program. Compliance with this policy is required by applicants as a condition of employment and by drivers as a condition of continued employment.
- 1.2 This policy applies to any "driver" (as defined in Section 2.6 of this policy) who operates a "commercial motor vehicle" (as defined in Section 2.3 of this policy) for or on behalf of the County and who is required to have a commercial driver's license ("CDL") in order to operate that vehicle. The policy also applies to all applicants who seek employment for such driver positions. Additionally, this policy applies to any County supervisor and other managerial personnel who drive or may be required to drive a commercial motor vehicle from time-to-time on the County's behalf.
- 1.3 This policy explains the FMCSA's drug and alcohol regulations and the County's own policies with respect to the use controlled substances or misuse alcohol. Provisions of this policy which are imposed under the County's independent authority are specifically noted by text which has been underlined.
- 1.4 The County maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist recovering addicts or alcoholics and those having a medical history reflecting treatment for substance abuse conditions. We encourage employees to seek assistance before drug and alcohol use renders them unable to perform their essential job functions or jeopardizes the health and safety of themselves or others.
- 1.5 Any questions regarding the meaning or application of this policy should be directed to the Program Administrator (Warren County Department of Human Resources.)

2.0 DEFINITIONS

- 2.1 **"Alcohol"** means the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.
- 2.2 **"Alcohol Use"** means the consumption of any beverage, mixture, or preparation, including any medication, containing alcohol.

- 2.3 **"Clearinghouse"** means the online database maintained by the Federal Motor Carrier Safety Administration of the U. S. Department of Transportation which contains information about drug and alcohol program violations for drivers who are licensed to operate commercial motor vehicles.
- ~~2.43~~ For purposes of this policy, **"Commercial Motor Vehicle"** means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the motor vehicle:
- a. has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) including a towed unit with a gross vehicle weight of more than 4,536 kilograms (10,000 pounds); or
 - b. has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
 - c. Is designed to transport 16 or more passengers, including the driver; or
 - d. Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR Part 172, Subpart F).
- ~~2.54~~ **"Controlled Substances" and "Drugs"** are used interchangeably in this policy and mean marijuana, cocaine, opioids including semi-synthetic opioids, amphetamines, phencyclidine (PCP), or their metabolites, and any other substance included in Schedules I through V, as defined by the Controlled Substances Act, 21 U.S.C. §812, as they may be revised from time to time. The terms "controlled substances" and "drugs" include legal substances obtained illegally or used in an unauthorized manner, but do not refer to the proper use of controlled substances authorized by law which do not affect job safety or performance.
- ~~2.65~~ **"Disabling Damage"** means damage which prevents a motor vehicle from being driven from the scene of the accident in its usual manner in daylight after simple repairs, including damage to motor vehicles that could have been driven, but would have been further damaged if driven. This term **does not include** damage which can be remedied temporarily at the scene of the accident without special tools or parts; tire disablement without other damage even if no spare tire is available; headlight or taillight damage; or damage to turn signals, horn or windshield wipers which make them inoperative.
- ~~2.76~~ **"Driver"** means any person who operates a "commercial motor vehicle" (as defined in Section 2.3.) Under FMCSA regulations, this includes, but is not limited to: full time, regularly employed drivers; casual, intermittent or occasional drivers.
- ~~2.87~~ **"Performing A Safety-Sensitive Function"** means any period in which a driver is actually performing, ready to perform, or immediately available to perform any safety-sensitive functions.
- 2.9 **"Query"** a search of an individual driver's information contained in the Clearinghouse. A query can be a **"limited query"** which indicates only that there is information about a drug or alcohol program violation in the Clearinghouse, or a **"full query"** which includes

the details of the driver's drug or alcohol program violation(s) and whether that driver is cleared to return to duty.

2.108 "Safety-Sensitive Function" means the following activities and includes the time a driver begins to work or is required to be in readiness to work until the time he/she is relieved from work and all responsibility for performing work:

- a. All time at a County facility, terminal, or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the County;
- b. All time inspecting equipment as required by the FMCSA's regulations 49 C.F.R. §§392.7 and 392.8 or otherwise inspecting, servicing, or conditioning any commercial motor vehicle at any time;
- c. All time spent at the driving controls of a commercial motor vehicle in operation;
- d. All time, other than driving time, in or upon any commercial motor vehicle, except time spent resting in a sleeper berth (a berth conforming to the requirements of the FMCSA's regulation 49 C.F.R. §393.76);
- e. All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded; and
- f. All time repairing, obtaining assistance, or remaining in attendance upon a disabled vehicle.

2.119 "Substance Abuse Professional" ("SAP") means a licensed physician (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or an addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol And Other Drug Abuse). All SAPs must have knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders.

3.0 PROHIBITED CONDUCT

3.1 Prohibited Conduct Concerning Driver's Use Of Drugs and Alcohol:

- a. Drivers are prohibited from reporting for duty or remaining on duty when using any drugs (as defined in Section 2.4), except when the use is pursuant to the instructions of a medical doctor who has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle. (For details concerning the lawful use of prescription drugs, refer to Section 3.4.)
- b. Drivers are prohibited from reporting for duty or remaining on duty with an alcohol concentration of 0.04 or greater. Drivers found to have an alcohol

concentration of 0.02 or greater, but less than 0.04, are prohibited from performing any safety-sensitive functions for at least 24 hours from the test.

- c. Drivers are prohibited from using alcohol in any form (***including medications containing alcohol***) while performing safety-sensitive functions (refer to Section 2.7 of this policy for the definition of performing safety-sensitive functions).
- d. Drivers are prohibited from performing safety-sensitive functions within four (4) hours after using alcohol. On-call employees who are not at work, but could be called to drive or perform other safety-sensitive functions, are subject to this pre-duty alcohol prohibition. This means a driver who is on-call must decline a call to work if his or her acceptance would require the employee to drive or perform other safety-sensitive functions within four (4) hours after consuming alcohol. An on-call driver who is required to decline work because of his/her use of alcohol in violation of the four-hour rule is subject to discipline up to and including termination.
- e. Drivers are prohibited from using alcohol for eight (8) hours following an accident or until the driver takes a post-accident alcohol test (and tests negative), whichever occurs first.
- f. Drivers may not “refuse to submit” to any drug or alcohol test required under the FMCSA’s drug and alcohol rules and/or this policy. (For further details concerning what actions will be considered as a “refusal,” refer to section 3.2 of the policy.)
- g. Drivers are prohibited from performing or continuing to perform a safety-sensitive function if they have tested positive for controlled substances or alcohol.
- h. Drivers may not refuse to submit to any inspection required under section 11.0 of this policy.
- i. During a driver’s workday, a driver is prohibited from engaging in the unlawful or unauthorized manufacture, distribution, dispensation, sale, purchase, solicitation, transfer, possession, use or transport of controlled substances or alcohol. This prohibition does not include the authorized distribution, dispensation, sale, purchase, solicitation, transfer, possession, use or transport of alcoholic beverages in connection with County-sponsored functions or events.
- j. Drivers are prohibited from failing to stay in contact with the County or its medical review officer while awaiting the results of a drug test.

3.2 **Refusal to Submit:** For purposes of this policy, the following employee conduct will be considered as a refusal to submit to a test:

- a. refusing to complete the chain-of-custody form or any other required drug or alcohol testing form(s);
- b. refusing to provide a urine sample, or breath or saliva specimen for testing;

- c. failing to provide an adequate amount of urine or breath for testing, without a valid medical explanation;
- d. failing to promptly notify the County that the driver was in an accident or not being readily available for testing after an accident (except as necessary to obtain assistance or medical care);
- e. refusing or failing to report directly to the collection site after being notified of the need to submit to a test;
- f. delaying the collection, testing or verification process;
- g. adulterating or substituting a urine sample or attempting to adulterate or substitute a urine sample; or
- h. otherwise engaging in conduct that clearly obstructs the testing process.

3.3 **Consumption of Food or Food-Products Containing Hemp:** The consumption of food and food-products containing hemp (for example, “Seedy Sweeties” and hemp oil) may cause a driver to test positive for marijuana. A test result that is positive as a result of a driver’s consumption of food or food-products containing hemp will be reported as a positive test. (Refer to Section 7.3 regarding the consequences of a positive test result.)

3.4 **Prohibition On Supervisor Or Manager Permitting A Driver To Work:** No supervisor or manager who has actual knowledge that an employee has engaged in or is engaging in conduct prohibited under this policy shall permit the employee to work or continue working under such circumstances. Any employee who has been directed not to work or directed to stop working under such circumstances must immediately comply.

3.5 **Prohibition Against Working While Using Any Drug Medications Can Which Affect Safety Or Performance:**

- a. Except as otherwise provided in this section, the lawful use of any medication (therapeutic drugs) while performing a safety-sensitive function is prohibited to the extent such use may affect the driver’s ability to perform his/her job duties safely.
- b. A driver who will use, or who is using, any medication that contains a controlled substance has an obligation to inquire and determine whether the medication the driver is using or may use could affect the driver's ability to perform his/her job duties safely.
- c. If the driver is or will be using any such drug medication, the driver is required to obtain from the driver's licensed medical practitioner a written statement which provides that the medication will not interfere with the driver's ability to safely and efficiently perform the driver's job duties or provides the work restrictions, if any, which the driver is subject to for the period of time the driver is taking the medication. The County’s “Certification of Driver’s Authorized Use of Prescription and/or Non-Prescription Medication” form is to be used for this purpose.

- d. In the event a driver is using or will be using drug medication which will interfere with or adversely affect the driver's ability to do his or her job duties, such information must be reported to the driver's immediate supervisor prior to commencing any safety-sensitive functions, without disclosing the identity of the substance. The driver must also have the medication available for review by the County's MRO in its original container, which must identify the medication dosage and other pertinent information about the medication.
- e. A driver may continue to work, if the County's MRO and the licensed medical practitioner have determined that the medication will not adversely affect the driver's ability to safely and efficiently perform the driver's safety-sensitive functions, or they have determined that a reasonable accommodation can be made concerning the driver's medication. A driver will not be permitted to perform his or her safety-sensitive functions unless such a determination or reasonable accommodation has been made.

4.0 REQUIRED TESTS AND PAST TEST RESULTS INFORMATION

As required by the FMCSA's regulations, the County will conduct drug and alcohol tests and Clearinghouse queries under the conditions and circumstances described below.

4.1 The FMCSA Clearinghouse

- a. Existing Employees: Under FMCSA rules the County will conduct the following searches of the Clearinghouse:
 - 1. A limited query of every driver once during the calendar year. All drivers shall sign a consent form granting the County permission to perform a query of the Clearinghouse once during each calendar year. The consent so given shall be valid for as long as the driver is employed by the County. If the results of a Clearinghouse query show that there are no records in the Clearinghouse for that driver, then no other action is necessary.
 - 2. A full query. If the results of a Clearinghouse limited query indicate that a driver has a record in the Clearinghouse, then the County will conduct a full query of the Clearinghouse to obtain the details of that violation. Each individual driver for whom the County will conduct a full query will give permission to the County by signing into the Clearinghouse online and give permission electronically.
 - 3. Refusal to Consent.
 - a. Automatic Removal From Safety-Sensitive Functions: FMCSA regulations mandate that drivers who refuse to give consent to the County to perform either a limited query or a full query be immediately removed from, and prohibited from performing, safety-sensitive functions. Safety-sensitive functions include driving, repairing, inspecting, loading, and unloading commercial motor vehicles as defined in section 2.3 of this policy.
 - b. Any driver who refuses to give consent to the County to conduct a Clearinghouse query will be terminated.
- b. Applicants: Each person applying for employment with the County as a driver or who holds a commercial driver's license shall grant permission to the County to perform a full query in the Clearinghouse by signing into the Clearinghouse online and give permission electronically.

Any applicant who refuses to give consent to the County to conduct a Clearinghouse query

will be ineligible for employment with the County.

4.21 Pre-Employment Drug Testing and Past Test Results Information:

- a. All applicants who have received a conditional offer of employment in a CMV driver position, and all existing employees whose transfer to a CMV position has been conditionally approved, are required to submit to a pre-employment drug test and must receive a negative test result as a condition of employment. Such tests will be conducted prior to the time the applicant is hired or transferred.
- b. In addition to a pre-employment drug test, FMCSA's regulations require the County to obtain the following specific information concerning an applicant's past drug and alcohol tests from an applicant's former motor carrier employers during the previous two years: (i) alcohol tests with results of 0.04 or greater; (ii) drug tests whose results were verified positive; and (iii) all instances in which the applicant refused to be drug or alcohol tested. All such information will be obtained in a confidential manner and the County will maintain a written confidential record with respect to each former carrier contacted. The information obtained from a previous carrier may contain alcohol and drug information which that carrier obtained on or after January 1, 1995 from another previous motor carrier employer.
 1. Although FMCSA regulations only require the County to go back two years, FMCSA requires information regarding positive test results to be maintained for 5 years. Therefore, the County has elected to request past test results for the previous 5 years. As a condition of employment with the County, applicants for CMV driver positions are required to complete and sign the County's "Applicant's Authorization to Obtain Past Drug and Alcohol Test Results" form, which authorizes the applicant's former motor carriers for whom the applicant drove during the preceding five years (from the date of application) to release to the County information concerning the applicant's: (i) alcohol tests with results of 0.04 or greater; (ii) drug tests whose results were verified positive; and (iii) all instances in which the applicant refused to be drug or alcohol tested.
- c. If the County learns from the driver's previous carriers that the driver had an alcohol test result of 0.04 or greater, a verified positive drug test, or refused to be tested, the driver either will be ineligible to drive for the County, or if hired, the driver will be terminated, unless the County obtains evidence that the driver has complied with the referral and rehabilitation requirements set forth in §382.605 of FMCSA's regulations.

4.32 Post-Accident Drug And Alcohol Testing:

- a. A driver who is performing safety-sensitive functions (as defined in Section 2.8 of this policy) involving a commercial motor vehicle is required to submit to a post-accident drug and/or alcohol test as soon as practicable following the accident, under the following circumstances:

1. **Fatal accidents:** A driver who is involved in an accident which results in a death to another human being must always submit to a drug and alcohol test.
2. **Non-fatal accidents:** A driver who is involved in a non-fatal accident, must submit to a post-accident drug and alcohol test if:
 - (a) the driver was given a citation for a moving traffic violation involving the accident **and**
 - (b) the accident also results in one of the following:
 - (1) bodily injury to the driver or another individual, requiring immediate medical treatment away from the scene of accident; or
 - (2) one or more of the vehicles involved in the accident incurs disabling damage (as defined in Section 2.5 of the policy), requiring the vehicle(s) to be transported away from the scene by a tow truck or other vehicle.
- b. Drivers involved in any accident involving their vehicle must notify the Program Administrator as soon as possible to obtain information on how to proceed with the required testing. Drivers are obligated to follow the Program Administrator's instructions and, if directed to submit to post-accident drug and alcohol tests, must do so as soon as possible.
- c. A driver who is subject to post-accident testing must remain readily available for such testing or else will be deemed to have refused to submit to such testing. However, this "readily available" requirement does not require the delay of necessary medical attention for injured people, or prohibit a driver from leaving the scene of the accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.
- d. A driver who is required to submit to a post-accident test will be suspended after completion of the drug and/or alcohol tests. The County also reserves the right to evaluate the conduct of the driver which may have caused or contributed to the accident, to determine if this conduct in and of itself should warrant discipline, up to and including termination.

4.43 **Random Drug And Alcohol Testing:**

- a. Each year the County will administer random alcohol and drug tests. Random *drug* tests may be conducted at any time. Random *alcohol* tests will only be conducted while a driver is performing safety-sensitive functions, just before the driver performs safety-sensitive functions, or just after the driver has ceased performing safety-sensitive functions.
- b. The County shall select drivers for testing using a random number table or a computer-based random number generator that is matched with the drivers' social security numbers, or other comparable identification numbers which will

ensure that each driver has an equal chance of being tested each time selections are made.

- c. All random tests will be unannounced and the dates for administering the tests will be spread reasonably throughout the calendar year. The dates of random testing, locations and names of those to be tested are kept in the strictest confidence by the Program Administrator and the specimen collector.
- d. Each driver who is notified of selection for random drug or alcohol testing must proceed to the test site immediately. If the driver is performing a safety-sensitive function (refer to section 2.8) at the time of notification, the driver must cease performing the safety-sensitive function and proceed to the test site as soon as possible, but not longer than two hours from the time of notification. Drivers who do not proceed to the test site immediately upon notification of the test may be considered to have refused to submit to the test.

4.54 Reasonable Suspicion Drug and/or Alcohol Testing:

- a. A driver must submit to a reasonable suspicion drug and/or alcohol test whenever a manager or supervisor has reasonable suspicion to believe that the driver has violated the drug or alcohol prohibitions contained in this policy. Reasonable suspicion drug tests may be conducted at any time. Reasonable suspicion alcohol tests may be conducted only while the driver is performing safety-sensitive functions, just before the driver performs safety-sensitive functions, or just after the driver has ceased performing safety-sensitive functions.
- b. Reasonable suspicion determinations will be based on specific, contemporaneous, articulable observations concerning the driver, including but not limited to, the driver's appearance, behavior, speech, or body odors. For drug testing, the observations may also include indications of the chronic and withdrawal effects of drugs.
- c. Documentation of the observations leading to a reasonable suspicion test will be prepared and signed by the supervisor or manager who made the observations. The supervisors and managers who will make reasonable suspicion determinations have received training on alcohol misuse and controlled substances use in accordance with the FMCSA's regulations. The particular supervisor or manager who makes a reasonable suspicion determination will not conduct the drug or alcohol test.
- d. A driver who is directed to take a reasonable suspicion drug and/or alcohol testing must submit to the test as directed. The County shall transport or ensure transport of the driver both to and from the collection site.
- e. A driver who is requested to submit to a reasonable suspicion drug and/or alcohol test will be suspended after the completion of the tests. The County also reserves the right to evaluate the conduct of the driver which warranted the reasonable suspicion drug or alcohol tests to determine if the conduct in and of itself should warrant discipline, up to and including termination.

5.0 SELF-IDENTIFICATION OF SUBSTANCE ABUSE PROBLEM

- 5.1 Consistent with and subject to the County's policies concerning medical and personal leaves and vacations, a driver who voluntarily self-identifies himself or herself as having a drug or alcohol problem and requests assistance for such a problem will be referred to a substance abuse professional for an evaluation and, if recommended, an appropriate counseling, treatment or rehabilitation program. The cost of the counseling, treatment or rehabilitation is the driver's responsibility. (For further details concerning the employee's payment obligations, employees should refer to their medical insurance plan.)
- 5.2 **This request must be made before the driver is directed or otherwise required to submit to a drug or alcohol test required by DOT or this policy.**
- 5.3 Once leave commences, periodic certification that the employee is actively continuing to participate in the program, together with progress reports, shall also be required. As a further condition of taking such leave, the employee will be required to authorize the attending substance abuse professional to communicate directly with the County, including to release the employee's relevant treatment records to the County, except as federal or state law may otherwise require. All such oral and written communications between the substance abuse professional and County shall be treated as confidential.
- 5.4 Except where the federal or state law prohibits, all leave time taken for the evaluation, counseling, treatment or rehabilitation will be counted against the leave to which the employee may be entitled under the federal or state Family and Medical Leave laws.
- 5.5 Prior to the time such leave begins, the driver will be required to execute the County's "Agreement for Treatment and Conditions for Continued Employment." This agreement provides, among other things, that before a driver will be permitted to return to his/her driving duties or perform other safety-sensitive functions for the County, the driver will be required to submit to post-voluntary rehabilitation return-to-duty drug test and/or post-voluntary rehabilitation return-to-duty alcohol and must receive a negative result. The agreement also provides that the driver may be required to submit to post-voluntary rehabilitation follow-up drug tests and/or post-voluntary rehabilitation follow-up alcohol tests after returning to work, if directed by the treating substance abuse professional. Any return-to-duty and follow-up drug and/or alcohol tests performed under this section of the policy will be conducted as permitted by and in accordance with the applicable state or local law, if any. Where there is no applicable state or local law, or where such laws do not provide specific detailed procedures governing such testing, the County will follow the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 C.F.R. Part 40, as amended.

6.0 DRUG AND ALCOHOL TESTING PROCEDURES

As required by the FMCSA's rules, the County's drug and alcohol testing procedures comply with the Federal Procedures For Transportation Workplace Drug and Alcohol Testing Programs, 49 C.F.R. Part 40, as amended. (A copy may be obtained from the Program Administrator). These procedures ensure the integrity, confidentiality and reliability of the testing processes, safeguard the validity of the test results and ensure that these results are attributed to the correct driver. Further, these procedures minimize the impact upon the privacy and dignity of persons undergoing such tests. The following provides a summary of the federal procedures.

6.1 Drug Testing Procedures:

- 6.1.1 a. **Drugs being tested for:** The drugs that may be tested for include: marijuana, opioids including semi-synthetic opioids, amphetamines and amphetamine variants, cocaine, phencyclidine (PCP) and their metabolites, and certain painkilling medications.
- b. **Chain-of-custody and laboratory:** For purposes of conducting drug tests, the County has established a chain-of-custody procedure for the collection and analysis of urine samples that will verify the identity of each sample and test result. All drug tests conducted pursuant to this policy shall be performed by laboratories which are certified by the Department of Health and Human Services ("DHHS").
- c. **Confirmation and review of drug test results:**
1. All positive drug test results will be confirmed by gas chromatography and mass spectrometry (GC/MS). All confirmed positive drug test results will be reviewed by a medical review officer ("MRO") to determine whether there is any legitimate explanation for the positive test result. This review may include a medical interview, review of the applicant's or driver's medical history, or review of any other relevant biomedical factors and all medical records made available by the tested individuals.
 2. Individuals testing positive will be given the opportunity to discuss with the MRO any legitimate explanation for the positive test result. If, after speaking with the driver, the MRO determines that there is a legitimate medical explanation for the confirmed positive test result, the MRO will report the test result as "negative" to the Program Administrator or a designated representative. If the MRO determines that there is no legitimate explanation for the confirmed positive test result, the result will be verified as a "confirmed positive test result" by the MRO.
 3. Under the circumstances set forth in 49 C.F.R. Part 40, the MRO is permitted to verify a test result as a confirmed positive without having first communicated directly with the driver. In the event that serious illness, injury or other unavoidable circumstances prevented the driver from being contacted by the MRO or a designed County representative, however, the MRO may reopen the verification process to permit the driver to provide information concerning a legitimate explanation for the positive test. (Refer to Section 3.1.j. of the policy concerning the driver's duty to remain in contact with the County and MRO.)
- d. **Right to have split-sample analyzed:** All applicants and drivers whose primary urine sample is verified positive have the right to request that their split-sample be analyzed in a different DHHS certified laboratory, selected by the County, for the presence of the drug(s) for which a positive result was obtained. The request must be made to the MRO within 72 hours of being notified by the MRO of a verified positive test result. If the split-sample fails to reconfirm the presence of the drug(s) found in the primary sample, or if the

split-sample is unavailable, inadequate for testing or untestable, the MRO shall cancel the test and report the cancellation and the reasons for it to the Program Administrator or a designated representative and the tested individual. However, if the split-sample reconfirms the presence of the drug(s) or drug metabolite(s), the MRO will notify the Program Administrator or a designated representative and the tested individual of the test results.

- e. **Inability to provide adequate amount of urine sample:** Applicants and drivers must provide a urine sample of at least 45 milliliters of urine for a drug test. If the tested individual is unable to provide such a quantity of urine, then the tested individual will be instructed to drink a set amount of fluids and after a set period of time, again attempt to provide a complete sample. If an applicant refuses to drink the fluids as directed, or to provide a new urine sample, this will constitute a refusal to submit to a test and the applicant will be ineligible for employment with the County. If a driver refuses to drink the fluids as directed or to provide a new urine sample, this will constitute a refusal to submit to testing and the driver will be terminated. If a driver has not provided a sufficient sample within a certain time period after the first unsuccessful attempt to provide the sample, the County will direct the driver to obtain as soon as possible, a medical evaluation from a physician selected by the County. If the physician determines that there is no legitimate medical explanation for the driver's failure to provide an adequate amount of urine, this will constitute a refusal to submit to a test and the driver will be terminated.
- f. **Altered or substituted urine samples:** Procedures for collecting urine samples allow an individual privacy unless there is a reason to believe that a particular individual has altered or substituted, or attempted to alter or substitute, the sample, as defined in the Federal Procedures For Transportation Workplace Drug Testing Programs, 49 C.F.R. Part 40. In such cases, a sample may be obtained under the direct observation of a specimen collector of the same gender as the individual being tested.
- g. **Dilute Specimens:** In the event the county receives a dilute positive specimen, then the test shall be accepted as a positive test. In the event that the county receives a negative dilute specimen, the county shall require a retest to be conducted in each of the following cases: return to duty tests, follow-up tests, reasonable suspicion tests, and random tests. The result of the retest shall become the test of record. If the employee refuses to take the retest it will be considered the same as a positive test result.

6.2 Alcohol Testing Procedures:

- a. **How test will be performed:** Alcohol screening tests will be performed by a screening test technician ("STT") using a non-evidential screening device, or by a breath alcohol technician ("BAT") using an evidential breath testing device ("EBT"). The County ensures that the STTs are proficient in the operation of non-evidential screening devices and that the BATs are proficient in the operation of EBTs. In addition, the County use only non-evidential alcohol screening devices and EBTs which are listed on the conforming products list issued by the National Highway Traffic Safety Administration.

- b. **Confirmation of alcohol test results:** If the result of the screening test is an alcohol concentration of 0.02 or greater, a confirmation test will be performed using an EBT. The confirmation test will be conducted within 30 minutes from the end of the screening test. The confirmation test result is the final result upon which any discipline or other action taken under the County's policy shall be based.
- c. **Inability to provide adequate amount of specimen for alcohol testing:**
 - 1. If a driver fails to provide or claims that he or she is unable to provide a sufficient amount of breath to permit a valid breath test because of a medical condition, the County will require the driver to be evaluated by a physician selected by the County. If the physician determines that the driver's alleged medical condition could not preclude the driver from providing an adequate amount of breath, this will constitute a refusal to test and the driver will be terminated.
 - 2. If the driver is unable to provide sufficient saliva to complete a test on a saliva screening device, the STT shall conduct a new test, using a new device. If the driver refuses to complete the new test, this will constitute a refusal submit to a test and the driver will be terminated. If the new test is completed, but there is an insufficient amount of saliva to activate the device, the driver shall immediately take an alcohol test using an EBT. If the driver refuses to submit to the test using an EBT, the driver will be terminated.

7.0 CONSEQUENCES FOR POLICY VIOLATIONS

The consequences discussed below apply to applicants and drivers who are found to have violated this policy. Regardless of the discipline imposed, however, FMCSA's regulations require drivers who engage in any prohibited conduct under this policy to be advised of available resources for evaluating and resolving problems associated with drug use and alcohol misuse, including the names, addresses, and telephone numbers of substance abuse professionals and counseling and treatment programs. This information will be provided through the County's Human Resource Department.

- 7.1 **Automatic Removal From Safety-Sensitive Functions:** FMCSA's regulations require drivers who violate this policy in any way to be immediately removed from their safety-sensitive functions. Such drivers are prohibited from performing, or being permitted to perform, a safety-sensitive function, including driving County trucks and motor vehicles with gross vehicle weight ratings between 10,001 and 26,000 pounds or which weigh 10,001 or more pounds when loaded (regardless of the vehicle's gross vehicle weight rating).
- 7.2 **Refusal To Submit:** Any driver who refuses to submit to a test will be terminated. Applicants who refuse to submit to a test will be ineligible for employment with the County. Refer to section 3.2 concerning what actions will constitute a driver's "refusal to submit."
- 7.3 **Positive Test Results:**

- a. **Applicants:** All applicants who receive a verified confirmed positive drug test result will be ineligible for employment with the County.
- b. **Drivers:**
 - 1. **Temporary suspension:** Any driver who is required to submit to a reasonable suspicion or post-accident drug or alcohol test pursuant to this policy will be temporarily suspended.
 - 2. **Confirmed positive drug test and alcohol test results of 0.04 or greater:** If a driver receives a confirmed positive drug test or an alcohol test result of 0.04 or greater, for the first time, the driver will be terminated from employment.
 - 3. **Positive alcohol test results of 0.02 or greater but less than 0.04:** A driver who receives a confirmed alcohol test result of 0.02 or greater, but less than 0.04, **for the first time**, will be suspended for at least 24 hours. A driver who receives a confirmed positive alcohol test result of 0.02 or greater **for a second time** will be terminated.
 - 4. **Fitness-for-duty evaluation in the event of driver's legal and authorized use of a controlled substance:** Whenever an employee is required to submit to a reasonable suspicion drug test and receives a positive test result caused by the employee's legal and authorized use of a controlled substance, the County will require the employee to submit to a fitness-for-duty evaluation. An employee who tests negative may also be required to submit to a fitness-for-duty evaluation. The evaluation may include a review of the employee's medical records and/or a medical examination. The purpose of the evaluation is to determine whether the employee poses a significant risk of substantial harm to the health and safety of the employee or others in the workplace, including customers and visitors. Employees will be required to provide the necessary authorizations for obtaining the medical records and conducting the examination. Depending upon the results of the evaluation, the County will consider whether the safety or health risk can be eliminated or sufficiently reduced by a reasonable accommodation, if applicable.
- 7.4 **Other Policy Violations:** Drivers who commit policy violations other than those addressed in Sections 7.2 and 7.3 above will be subject to discipline, up to and including, immediate termination. Applicants who violate this policy will be ineligible for employment with the County.
- 7.5 **Potential Forfeiture of Workers' Compensation and/or Unemployment Compensation Benefits:** For purposes of this policy, violations of FMCSA's regulations and/or the requirements of this policy constitute gross and willful misconduct. In addition to the discipline and other consequences imposed by FMCSA and the County under this policy, such gross and willful misconduct may also result in the denial of unemployment compensation under the applicable state law. In addition, drivers who are injured as a result of a violation of FMCSA's regulations and/or the County's safety rules (including but not limited to the conduct prohibited under this policy) may also forfeit workers' compensation benefits under the applicable state law.

8.0 NOTIFICATION OF TEST RESULTS

Applicants will be notified of the results of a pre-employment drug test, if the applicant requests his/her test results within 60 days of being notified of the disposition of the employment application. Drivers will be advised of drug test results which are verified positive and the drug or drug(s) for which a positive result was verified. Drivers will be notified of the results of their -alcohol tests immediately after the administration of the screening test and, if necessary, the confirmatory test.

9.0 TESTING EXPENSES AND COMPENSATION FOR TESTS

The County will pay for drug and alcohol tests and related expenses as follows:

- 9.1 All drug and alcohol tests required to be taken by drivers or applicants under this policy, including confirmation tests will be paid for by the County. The County will also pay for the analysis of the driver's split-sample. Any test taken at a driver's request will be at the driver's expense, unless the result of the test is negative. Applicants will be required to pay for split-sample tests in all locations, but will be reimbursed by the County if the result is negative. The County will also pay for the cost of the driver's transportation to the test site, if the test is conducted at a place other than the driver's normal work site.
- 9.2 All time spent by drivers providing a specimen required under this policy, including travel time to and from the collection site, will be considered as on-duty time. The driver will receive his or her regular compensation, including overtime, if applicable for such time.

10.0 RECORDKEEPING, ACCESS TO RECORDS AND CONFIDENTIALITY OF TEST RESULTS

- 10.1 The County will maintain records related to its drug and alcohol testing program as required by the FMCSA's regulations. These records will be maintained in a secure location with controlled access and will not be released to any person except as required by law or expressly authorized by the driver.
- 10.2 The laboratory may disclose drug test results only to the MRO. The MRO, STT and BAT may disclose test results only to the individual tested, designated County representatives, a treatment program, or a court of law or administrative tribunal to the extent required by law. Beyond that, a driver's test results shall not be released to any person without the individual's written consent.

11.0 INSPECTIONS

- 11.1 **Inspections Of County Property:** The County may conduct unannounced random inspections for drugs and alcohol on County facilities and property such as, but not limited to, County vehicles, desks, file cabinets, and County-issued employee lockers. Drivers are expected to cooperate in the conduct of such inspections. Inspections of County facilities and property may be conducted at any time and need not be based on reasonable suspicion.
- 11.2 **Inspections Of Driver Property:** Inspections of drivers and their personal property such as, but not limited to, vehicles, clothing, packages, purses, brief cases, lunch boxes, or other containers brought onto or being taken off of

County premises may be conducted when there is reasonable suspicion to believe that the driver may have or has violated the drug or alcohol prohibitions contained in this policy.

12.0 EMPLOYEE ASSISTANCE PROGRAM ("EAP")

As part of the County's commitment to provide a safe, healthy and efficient working environment for our employees, the County maintains an Employee Assistance Program ("EAP"). The EAP provides information concerning the effects and consequences of alcohol and drug use on an individual's health, work, and personal life and the signs and symptoms of an alcohol or drug problem. In addition, the EAP provides referral services to drivers and their families seeking help with problems resulting from alcohol misuse and drug use. Participation in this program is voluntary and confidential. The EAP can discuss available counseling, treatment and rehabilitation programs, fiscal responsibilities, and can help the employee decide what program might be best for his or her situation. For further information, call the Human Resources Department.

13.0 SUBSTANCE ABUSE POLICY FOR WARREN COUNTY EMPLOYMENT APPLICANTS

The applicants policy applies to applicants for all positions with the County that if hired would be covered by the Warren County Alcohol & Drug Testing Policy Commercial Driver License Policy above. Questions regarding the meaning or application of this section of the policy should be directed to the Human Resources Department.

This policy is not a contract of employment. If an applicant fails to comply with this policy, the applicant will be ineligible for employment.

FMCSA Clearinghouse

Each person applying for employment with the County as a driver or who holds a commercial driver's license shall grant permission to the County to perform a full query in the Clearinghouse by signing into the Clearinghouse online and giving permission electronically.

Any applicant who refuses to give consent to the County to conduct a Clearinghouse query will be ineligible for employment with the County.

Required Pre-employment Drug Testing of all Applicants

All applicants to whom the County has given a conditional offer of employment may be required to submit to a pre-employment drug test and must receive a negative result as a condition of employment.

Testing Procedures

The County's pre-employment drug testing procedures comply with applicable state and local law. Except as otherwise may be required or permitted by the applicable state or local law, the County's pre-employment drug test procedures will follow the Federal Procedures for Transportation Workplace Drug and Alcohol Testing Programs, 49 CFR Part 40, in effect on January 18, 2001 and in accordance with revisions to take effect on August 1, 2001 (with the exception of the provisions pertaining to Public Interest Exclusions and related provisions). The County's procedures ensure the integrity, confidentiality and reliability of the testing process, safeguard the validity of the test results and ensure that test results are attributed to the correct individual. These procedures are also intended to minimize the impact upon the privacy and dignity of employees being tested. A copy of the federal procedures and any applicable state law is available for review through the Human Resources Manager.

Consequences for Policy Violations

Positive Test Results: Any applicant who receives a confirmed positive drug test result will be ineligible for employment with the County.

Refusal to Submit: Any applicant who refuses to submit to a test will be ineligible for employment with the County. The following conduct will be considered as refusing to submit to a test:

1. Refusing to provide a urine sample or failing to provide an adequate amount of urine without a legitimate medical explanation.
2. Failing to undergo a medical examination or evaluation, as directed by the MRO as part of the verification process, or as directed by the County as part of the “shy bladder” procedures.
3. Refusing to complete the chain-of-custody or another form whose completion is required and necessary to conduct the test.
4. Refusing or failing to report promptly to the site where the drug test will be conducted after the applicant is notified that he or she must submit to the test.
5. Failing or declining to take a second drug test that the County or collector has directed to be taken.
6. Failing to cooperate with any part of the testing process, such as by delaying the collection, testing or verification process.
7. Adulterating or substituting a urine sample or attempting to adulterate or substitute a sample.
8. Otherwise engaging in conduct that clearly obstructs or manipulates, or attempts to obstruct or manipulate, the testing process.

Consumption of Food or Food-Products Containing Hemp: The consumption of food and food-products containing hemp may cause an applicant to test positive. A test result that is positive as a result of an applicant's consumption of food or food-products containing or made from hemp or hemp products will be reported as a positive test.

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: Human Resources

DATE: January 24, 2020

- (a) Purpose of Request: **Amend WC Plans and Policies to update benefit contributions for Out of Unit employees.**
- (b) Details: **Update contribution rates for Out of Unit employees hired prior to 12/21/12 to match the proposed increase for CSEA unit members.**
- (c) Previous Resolution Number:
- (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

§ VI.049 HEALTH INSURANCE AND DENTAL INSURANCE PLANS

1. Employee Eligibility.

(A) Warren County employee shall be eligible for coverage under the Warren County Health Insurance Plan if any of the following conditions apply:

1. Said employee is employed at a rate of at least thirty (30) hours per week on a regularly scheduled basis, or

2. Is employed less than thirty (30) hours per week:

(1) Is a paid elected official. Or

(2) Is a paid member of a public legislative board.

(B) Health insurance benefits for full-time (30+ hours per week) non-bargaining unit employees who began work with Warren County prior to December 21, 2012 shall be as follows:

1.) ~~Effective June 1, 2017~~ February 1, 2020, the County shall offer health insurance to current full-time employees not part of any collective bargaining unit on an individual, two-person or family coverage basis (depending on the qualifications and election of the employee) provided that the employee contributes ~~fifteen-nineteen percent (4519%)~~ of the health insurance premium. Commencing ~~December 1, 2017~~ 2020, the amount of the aforesaid contribution shall be increased to ~~seventeen-twenty percent (4720%)~~. Commencing December 1, ~~2018~~ 2021, the amount of the aforesaid contribution shall be increased to ~~eighteen-twenty-one percent (4821%)~~. Commencing December 1, 2022, the amount of the aforesaid contribution shall be increased to twenty-two percent (22%).

2.) All health insurance coverage shall be afforded with the maximum co-pay of 25/40 for office co-pays and 10/30/50 for drug plan co-pays.

3.) The health insurance coverage option(s) afforded eligible retirees under 65 years of age shall be the same as that provided to eligible active employees. The Health Insurance coverage option(s) afforded eligible retirees 65 years of age and older shall be through Medicare Advantage Plans or similar plans offered to eligible Union employee retirees with the same status;

(D) 4.) The County will offer coverage to full-time non-bargaining unit employees who retire, provided that said employee a) has at least ten (10) years of total service as a Warren County employee; b) has retired under the New York State Retirement System or is retired and is receiving or will receive Social Security Benefits and would have been eligible to retire and receive benefits under the New York State Retirement System if the employee had been a participant in said Retirement System; c) is enrolled in the Warren County Health Insurance Plan at the time of retirement; d) the contribution to be paid toward the health insurance premium by all eligible retirees under the age of sixty-five (65) shall be the amount equivalent to the amount paid by active eligible employees and may be increased or

otherwise changed from time-to-time; e) the contribution to be paid by current active eligible employees who become retirees sixty-five (65) or older, after August 16, 2013 and who began employment with Warren County prior to December 21, 2012, shall be a percentage equal to that percentage being contributed by active full-time employees commencing work prior to December 21, 2012, as may be increased or otherwise changed from time-to-time.

5.) Two members of the same family employed by the County may only be enrolled in one (1) health insurance plan. However, if two (2) members of the same family employed by the County are eligible to be enrolled in a two-person plan, each employee may enroll in their own individual plan but the County will contribute a maximum total amount equal to the County's contribution to a two person plan.

(C) Health insurance benefits for new full-time (30+ hours per week) non-bargaining unit employees beginning work with Warren County on or after December 21, 2012 shall be as follows:

1.) ~~Effective June 1, 2017~~ December 1, 2018, the County shall offer health insurance to current full-time employees not part of any collective bargaining unit on an individual, two-person or family coverage basis (depending on the qualifications and election of the employee) provided that the employee contributes ~~twenty-two-five percent (22.25%)~~ of the health insurance premium. ~~Commencing December 1, 2017, the amount of the aforesaid contribution shall be increased to twenty-four percent (24%). Commencing December 1, 2018, the amount of the aforesaid contribution shall be increased to twenty-five percent (25%).~~

D.) All health insurance coverage shall be afforded with the maximum co-pay of 25/40 for office co-pays and 10/30/50 for drug plan co-pays.

E.) The County will offer health insurance Medicare Advantage plans or similar plans to full-time non-bargaining unit employees who retire, provided that said employee a) retires from the New York State Retirement Plan; b) had insurance coverage in the previous ninety (90) day period; c) is sixty-five (65) years of age or older; d) has at least twenty (20) years total full-time county service; e) pays a percentage equal to that shared percentage being contributed by active fulltime employees commencing work on or after December 21, 2012, as may be increased or otherwise changed from time to time. If the employee leaves County service before reaching the age of sixty-five (65), the employee shall not be entitled to continue health insurance through Warren County. Once the employee who leaves the County reaches sixty-five (65) years, assuming all other eligibility criteria outlined above are met, the employee may then elect to receive benefits outlined above.

F.) Two members of the same family employed by the County may only be enrolled in one (1) health insurance plan. However, if two (2) members of the same family employed by the County are eligible to be enrolled in a two-person plan, each employee may enroll in their own individual plan but the County will contribute a maximum total amount equal to the County's contribution to a two person plan.

RESOLUTION REQUEST FORM NO. 11***Request to Create New Position*****DEPARTMENT NAME:** Warren County Public Defender**DATE:** 01/14/2020

- (a) Title of Requested Position: 9th Assistant Public Defender
- (b) Annual Base Salary (and Grade if Applicable): \$71,931/ Grade 3
- (c) Effective Date for New Position:* 02/24/2020
*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.1171 110 (Public Defender Salary - Regular)
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title?
(This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
No
- (h) Is there expected revenue from this position? If so, please explain:
No

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Warren County Public Defender Payroll Dept. No: 6.01 A.1171
Title of Position: 9th Assistant Public Defender Base Salary of Position: \$71,931 + \$10,891 (autry) Grade: 3
Filling at Step # (If Known):
Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Date of Vacancy:
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
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. 1-15-20

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 1/21/20

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 1/22/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice
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 1/22/20

RESOLUTION REQUEST FORM NO. 11***Request to Create New Position***

DEPARTMENT NAME: Social Services

DATE: 01.21.20

- (a) Title of Requested Position: **Caseworker, Part-Time, Temporary (up to 20 hrs/wk)**
- (b) Annual Base Salary (and Grade if Applicable): **Grade 16, \$43,390 (2019)**
- (c) Effective Date for New Position:* **02.24.20**
*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:
A6010 130 - Salaries - Part Time
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
Yes
- (g) Is this a mandated position? If so, please explain:
- (h) Is there expected revenue from this position? If so, please explain:

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: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker, Part-Time - Temporary Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known):
Budget code and title: A6010 130 - Salaries - Part-Time Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other Creation
Employee No./Last Name: Date of Vacancy: 2/24/20
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [X] 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. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 1/13/20

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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[X] 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 1/21/20

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: SOCIAL SERVICES

DATE: 01/21/20

- (a) Purpose of Request: Request Authorization to Amend the Table of Organization:
Delete Position: Caseworker #11.
- (b) Details: Commissioner and Human Resource Director reviewed the Table of Organization for the Department of Social Services. This position was vacated in 2017 due to promotion.
- (c) Previous Resolution Number: n/a
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: OFFICE OF EMERGENCY SERVICES

DATE: JANUARY 24, 2020

- (a) Title of Requested Position: **County Fire Coordinator - Temp**
- (b) Annual Base Salary (and Grade if Applicable): **\$45.6093/hour not to exceed \$10,000**
- (c) Effective Date for New Position:* **February 24, 2020**
*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):
Grant Administrator (A.3640 130)
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A.3640 130 - \$10,000
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain:
No
- (h) Is there expected revenue from this position? If so, please explain:

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: Office of Emergency Services Payroll Dept. No:
Title of Position: County Fire Coordinator - Temp. Base Salary of Position: \$45.6093/hr. Grade:
Filling at Step # (If Known): Not to exceed 32 hours per week
Budget code and title: A.3410, Fire Prevention & Control Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other Creation
Employee No./Last Name: Date of Vacancy:
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. 1-28-20

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

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: SHERIFF

DATE: JANUARY 24, 2020

- (a) Purpose of Request:
To amend Resolution No. 234 of 2019 to extend the effective date for creation of the Building Maintenance Mechanic Part Time Temporary (not to exceed 16 hours per week) in the Sheriff's Office

- (b) Details:
The Sheriff has advised this Part Time Temporary position is needed to continue training for the full time Building Maintenance Mechanic position. Action requested is to extend position for January 1, 2020 - April 30, 2020 at the 2020 salary of \$48,678.83 (not to exceed 16 hours per week)

- (c) Previous Resolution Number:
R234 of 2019

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
A.3110 130

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 234 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS GERAGHTY, FRASIER, McDEVITT, LEGGETT, BRAYMER, SIMPSON, HYDE, DIAMOND, LOEB, MERLINO AND SOKOL

AMENDING TABLE OF ORGANIZATION AND WARREN COUNTY SALARY AND COMPENSATION PLAN FOR 2019

RESOLVED, that the Table of Organization and the Warren County Salary and Compensation Plan for 2019 are hereby amended as follows:

SHERIFF

Deleting Position:

A.3110.110

TITLE:

Senior Building Maintenance
Mechanic

EFFECTIVE DATE

05/01/2019

ANNUAL BASE SALARY

\$52,802.07

Creating Position:

A.3110.110

TITLE:

Senior Building Maintenance
Mechanic/Auto Mech #1

05/01/2019

\$58,586.21

Deleting Position:

A.3110.110

TITLE:

Building Maintenance
Mechanic/Auto Mechanic #1

EFFECTIVE DATE

05/01/2019

ANNUAL BASE SALARY

\$53,086.21

Creating Position:

A.3110.110

TITLE:

Building Maintenance
Mechanic #1

05/01/2019

\$47,302.07

Creating Position:

A.3150.130

TITLE:

Building Maintenance
Mechanic Part Time Temporary

EFFECTIVE DATE

05/01/2019 - 12/31/2019

ANNUAL BASE SALARY

\$47,302.07
(up to 16 hours per week)

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Warren County Department of Weights & Measures

DATE: January

- (a) Title of Requested Position: **Weights & Measures Inspector (per diem)**
- (b) Annual Base Salary (and Grade if Applicable): **\$8000. \$28.9285/hr.**
- (c) Effective Date for New Position: *
*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): **n/a**
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: **A.6610 130 Salaries - Part Time \$8000.**
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
- (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 primary duties of this position involve the inspection of local businesses for compliance with NYS Agriculture and Markets Law (Article 16) concerning Package Checking, Proper Labeling of Commodities and Pricing Accuracy. Failure to comply with these regulations may result in civil penalties payable to Warren County.**
- (i) There currently is a Part Time, Per Diem employee with this title. The purpose of this request is to create a like position for the purpose of training (the new Director) and continue on thereafter as a Part Time assistant. The total salaries for both positions will not exceed the budgeted amount of \$8000.

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: Warren County Department of Weights & Measures Payroll Dept. No:
Title of Position: Weights & Measures Inspector - PD #2 Base Salary of Position: \$28,9285/hr. grade:
Filling at Step # (If Known): NTE \$8,000.
Budget code and title: A.6610 130 Salaries - Part Time Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Date of Vacancy:
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. 1/22/20

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 1/22/20

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 L. B. M... Date 1/23/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Support 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 Date 1/24/20

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: CLERK OF THE BOARD (FOR COUNTY CORONER)

DATE: JANUARY 30, 2020

- (a) Purpose of Request:
To amend Resolution No. 440 of 2019, which authorizes payment for services submitted by Warren County Coroners, to include provision for payment of fees related to removal to/from funeral home when off-site refrigeration is required.
- (b) Details:
Glens Falls Hospital has a limited amount of refrigeration space available. When space is not available at the Hospital, off-site storage is used at local funeral homes. While Resolution No. 440 of 2019 provides an allowance for the custodial fee of up to \$75 per day for storage, it does not provide authority to pay for the removal fee from the Hospital to the funeral home and back.
- (c) Previous Resolution Number:
R440 of 2019
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
A.1185 435, Medical Examiners & Coroners, Medical Fees

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 440 OF 2019

RESOLUTION INTRODUCED BY SUPERVISORS SOKOL, SIMPSON, MERLINO, DICKINSON, STROUGH, BEATY, FRASIER, MCDEVITT, GERAGHTY, BRAYMER AND HYDE

FURTHER AMENDING RESOLUTION NO. 374 OF 2017, APPROVING THE PAYMENT FOR SERVICES PROPOSAL SUBMITTED BY THE WARREN COUNTY CORONER, TO UPDATE REMOVAL, TRANSPORT AND FORENSIC MEDICAL SERVICES FEES

WHEREAS, by Resolution No. 374 of 2017, which was subsequently amended by Resolution Nos. 132 of 2018 and 461 of 2018, the Warren County Board of Supervisors approved a payment for services proposal submitted by the Warren County Coroner in an effort to help control Warren County's costs for removal and transportation of deceased, and

WHEREAS, the County Coroner has advised certain adjustments to the removal related services are necessary and the same have been reported to the Support Services Committee, now, therefore, be it

RESOLVED, that the Support Services Committee has considered and approved the updated payment for services proposal as outlined below:

- Removal - \$400 to Glens Falls Hospital, \$500 to Albany Medical Center (includes vehicle and any related removal equipment; staff personal protective equipment; treatment; transport and disposal of hazardous materials, mileage); with exigent removal stipend approved by the Coroner not to exceed an aggregate total of One Thousand Dollars (\$1,000); (\$75.00 per person for extra personnel);
- Mileage - from Warren County line to Albany Medical Center, approximately 50 miles @ \$1.50 per mile for a total of Seventy-Five Dollars (\$75);
- Infectious Disease Transport Body Bag: Black, heavy duty - Ninety Dollars (\$90); White, light/med. duty - Fifty Dollars (\$50);
- Forensic Medical Services, PC - Albany Medical Center: One Thousand Dollars (\$1,000) autopsy fee and death certificate; Glens Falls Hospital: One Thousand One Hundred Fifty Dollars (\$1,150);
- Resource Recovery - research the ability to recover some/all funds for autopsies conducted as a result of a motor vehicle or industrial accident;
- Custodial Fee - Seventy-Five Dollars (\$75) per day when storage is required while awaiting autopsy.

RESOLUTION REQUEST FORM NO. 10**Request for Transfer of Funds****TO:** AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS**DEPARTMENT NAME:** County Administrator**SIGNED:****DATE:** 1/30/2020

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
	2019 BUDGET		2019 BUDGET	
A.4530 130	Public Nursing Home, Salaries Part-time	A.4530 440	Public Nursing Home, Legal/Transcript Fees	\$4,000
		A.4530 470	Public Nursing Home, Contracts	\$500
		A.1011 110	County Administrator, Salaries Regular	\$700
		A.1011 410	County Administrator, Supplies	\$200
		A.1011 423	County Administrator, Telephone	\$50
		A.1011 424	County Administrator, Postage	\$50

Please state reason for transfers requested:

To cover costs of legal fees associated with Westmount settlements per contract and costs incurred by County Administrator for general operations

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. 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: County Administrator

DATE: 1/30/2020

- (a) Purpose of Request:
To adopt the amended Credit Card Policy for Warren County authorizing a credit card in the name of the Commissioner of Social Services and a credit card in the name of the Director of Health Services both with a monthly credit limit of \$1,000.
- (b) Details:
Throughout the year, the Department of Social Services and Health Services make small dollar purchases for which they previously utilized petty cash accounts. Use of department assigned credit cards will allow the department the ability to make these small dollar purchases and unlike the use of petty cash will allow the County Auditor the ability to audit the purchases before the bill is paid.
- (c) Previous Resolution Number:
460/2015, 222/2015, 411/2019
- (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

**COUNTY OF WARREN
CREDIT CARD POLICY**

I. OVERVIEW AND PURPOSE

A. Overview.

The use of conventional credit cards (hereinafter “credit cards”) and/or ghost credit cards (credit accounts without the issuance of a physical plastic card for volume purchases where physical cards are not needed or desired and hereinafter “ghost cards”) can be a cost effective method of obtaining products and services for the County. Credit and/or ghost cards can also save personnel time. Travel, training and other similar expenses are more practically and easily handled through the credit card process. In certain cases and depending on the source of the credit or ghost card and terms thereof, the County may even be able to gain additional savings when using a credit and/or ghost card to make purchases of equipment, fuel, materials and/or supplies.

B. Purpose.

To establish the Policy and Procedures for the use of County credit and/or ghost cards by Department Heads or their designee(s). These procedures are intended to accomplish the following:

1. To ensure that the procurement with credit and ghost cards is accomplished pursuant to the policy and procedures established by the County Board.
2. To ensure appropriate internal controls are established within each department procuring with credit and/or ghost cards so that they are used for authorized purposes only.
3. To enhance productivity, significantly reduce paperwork, improve internal controls and reduce the overall cost associated with approved purchases as listed below.
4. To ensure that the County bears no legal liability from inappropriate use of credit and/or ghost cards.

II. ADMINISTRATION OF THE COUNTY’S RELATIONSHIP WITH THE BANK ISSUING THE CREDIT CARD

A. Obtaining Credit Cards and Ghost cards

1. Credit cards shall be obtained from the bank or financial institution authorized by resolution of the County Board of Supervisors. Ghost cards for high volume purchases shall be obtained from the same banking institution that credit cards are obtained from and as authorized by the County Board of Supervisors.
2. Once credit cards and/or Ghost cards are authorized by the Board of Supervisors, the County Administrator will coordinate and arrange for issuance of credit and/or ghost cards in accordance with this policy.
3. The County Administrator and Treasurer shall review enrollment forms, verify all information, and submit an application for credit and/or ghost cards to the bank or financial institution identified in subparagraph (1) hereof. The Chairman of the Board of Supervisors shall sign the enrollment forms on behalf of the County.
4. Credit and/or ghost cards shall be issued to:
 - a. Those Department Heads (hereinafter “Cardholders”);
 - b. For the purposes indicated and at the expenditure limits set forth in *Schedule “A”* which may be amended from time to time by further resolution of the County Board of Supervisors.

5. All Cardholders shall execute the Cardholder authorization form annexed hereto as *Schedule "B"* and sign the back of the credit card upon receipt (signature on ghost cards is not possible and hence not necessary).
6. The aggregate County credit limit for all issued credit and ghost cards shall be \$292,000.

B. Contact With Card Issuer Representatives.

1. The following officials are authorized to discuss credit card invoices, payments, disputes, temporary limit excess and similar matters:
 - a. Treasurer or designee.
 - b. County Administrator.
 - c. Assistant County Administrator.
2. Cardholders are authorized to discuss credit card invoices, disputes and lost or stolen cards for their respective department issued credit and/or ghost card(s).

C. Online Management of Credit Cards.

The County Administrator, the Assistant County Administrator and/or designee of the County Administrator shall arrange for online management of credit and/or ghost cards including required passwords for purposes of viewing account expenditures and payments, card charge requests, new applications, reconciling invoices and other features typically offered by Banks or credit card issuers as online management tools.

III. USE OF THE CREDIT CARD, REVOCATION AND RECORD KEEPING

A. Authorized Users

1. The Cardholder who is issued the card or ghost card is the only person authorized to use that card, except:
 - a. In the instance of the Clerk of the Board who may authorize other County officials or employees to use the card for lodging or general use using the forms annexed hereto as *Schedules "C" and "D"*; and
 - b. With respect to the other Cardholders, the Cardholder may allow staff in their respective County Departments to make purchases using the cards or ghost cards, but this shall only be allowed after the credit card use form annexed hereto as *Schedule "C" or "D"* is completed.

B. Authorized Purchases

The credit card or ghost card is to be used in the conduct of the County's business only. The use of a County credit card or ghost card to acquire or purchase goods and services for other than official use of the County is fraudulent use and will subject the employee to disciplinary action up to and including dismissal. In addition, the fraudulent use will be reported to the appropriate law enforcement agency for investigation and possible prosecution.

C. Rules of Use

The following restrictions will apply to purchases made with credit or ghost cards:

1. The goods or services must be budgeted and legally allowable.
2. The total value of a transaction shall not exceed a Cardholders card limit. Payment for a purchase WILL NOT be split into multiple transactions to stay within the card limit.
3. Spending limits for the month must be adhered to.
4. Credit and/or ghost card users must inform the merchant that the purchase is tax exempt and provide tax exempt form as necessary.

5. Credit card and/or ghost card users must retain vendors receipts and/or records of telephone, Internet, and/or mail orders for future reconciliation of the credit card statement. Cardholders or designees shall attach receipts, etc. to the invoice batch submitted to the County Auditor when requesting payment of credit and/or ghost card purchases attributable to the Cardholder or the Cardholder's Department as appears on monthly statements.
6. Credit card and/or Ghost card users must still complete Purchase Orders as required by the County Purchasing Policy (identifying the credit/ghost card issuing bank as payee and providing details as to the service or item purchased). Nothing in this policy shall be construed as a means to circumvent the existing Purchasing Policy of the County in regards to bidding requirements, both formal and informal.
7. Any incentive program benefits arising from the use of County credit cards and/or ghost cards shall be the property of the County and deposited in the County General Fund. The County Board of Supervisors shall determine the use of such incentives, if any.

D. Unauthorized Credit or ghost Card Use

1. The credit and/or ghost card SHALL NOT BE USED for the following:
 - a. Personal purchases or identification.
 - b. A purchase that exceeds the Cardholder's monthly purchase limit.
 - c. Cash advances.
2. A credit card or ghost card user who makes unauthorized purchases shall be liable for the total dollar amount of such unauthorized purchases, plus any administrative fees charged by the Bank or card company in connection with the misuse.

E. Cardholder Record Keeping

1. When the purchase is made over-the-counter, the credit/ghost card user shall retain the invoice and "customer copy" of the charge receipt. The credit/ghost card user is responsible for checking that the vendor lists the quantity, fully describes the item(s), and includes any tax prior to the credit card user signing the slip. Invoices for meals, hotel stays, etc. will include an itemized list of all items and services purchased.
2. When the purchase is made on the Internet, the credit/ghost card user shall print a copy of the receipt and order confirmation before exiting the site.
3. When a purchase is made over the telephone, the credit/ghost card user shall have the vendor fax or email them a copy of the receipt.
4. When the purchase is made by mail, the credit/ghost card user shall retain all confirmations and shipping documentation.
5. When an item is returned, the vendor shall issue a credit, which should appear on a subsequent statement. *Under no circumstances should the credit/ghost card user or Cardholder accept cash in lieu of a credit of the credit card account.*

F. Review of Monthly Statement

1. At the end of each billing cycle, the Cardholder or staff member designated in writing or by email shall receive his/her monthly statement of account that will list the transactions to the Cardholders credit card for that period.
2. The Cardholder or staff member designated in writing or by email shall check each transaction listed on the monthly statement against the authorizations to verify that the statement is correct. If an item is returned and a credit voucher received, the Cardholder or designee shall verify that this credit is reflected on the monthly statement.

3. If purchased items are not listed on the monthly statement, the appropriate transaction documentation shall be RETAINED by the Cardholder until the next monthly statement. If the purchase or credit does not appear on the statement within 60 days after the date of purchase or return, the Cardholder shall notify the County Administrator and the Treasurer.
4. If in reviewing the monthly statement, if it is known that an item purchased was found to be unacceptable or not received or not even ordered, the Cardholder or designee is responsible for either, obtaining the item, obtaining a replacement or indicating a dispute of a non-ordered item as soon as possible as indicated herein. In the case of an item that has been ordered that is not acceptable, the Cardholder should attempt to receive that item by the date the Cardholder receives his monthly statement or consider placing the item into dispute. If any items are placed in dispute by the Cardholder, it should be documented using *Schedule "E"* Transaction Dispute Form and attached to the statement with the originals to be forwarded to the County Auditor and a copy of all documents to be forwarded to the County Administrator or the Assistant County Administrator who shall handle and/or process the dispute as may be determined appropriate.

G. Cardholder Security

1. It is the Cardholders responsibility to safeguard the credit/ghost card and account number and any security codes to the same degree that a Cardholder safeguards his/her personal credit information. A violation of this trust will result in that Cardholder having his/her credit/ghost card withdrawn and disciplinary action.
2. If a credit card or a ghost card number or security code is lost or stolen, the Cardholder shall immediately notify the credit card company, representatives are available 24 hours a day. The County Administrator and Treasurer should also be notified and the Lost/Stolen Card Notification form, *Schedule "F"*, filled out.
3. A new credit or ghost card shall be promptly issued to the Cardholder after the reported loss or theft. A credit card that is subsequently found by the Cardholder after being reported lost shall be submitted to the County Administrator who will then forward the card to the Treasurer for destruction.

H. Cardholder Separation

Prior to separation from the County of Warren, the Cardholder shall surrender the credit card and current credit card proofs of purchase to the County Administrator. Upon its receipt, the County Administrator will follow the steps outlined under Review of Monthly Statement and Payment of Credit Card Purchases, and forward the card to the Treasurer to be destroyed. Any Cardholder ghost cards shall likewise be terminated and new ghost cards established.

I. Revocation of Credit Card Privileges

1. The issuance of a credit card and/or ghost card to an employee is done at the discretion of the County Board of Supervisors.
2. Failure to comply with proper record keeping procedures as outlined in this policy will be cause to revoke the employee's credit and/or ghost card privileges.
3. Repeated loss or theft of any issued credit or ghost card will be cause to revoke the employee's credit/ghost card use privilege. Failure to immediately report the theft/loss of a card upon discovery may also lead to revocation of the credit/ghost card privilege.

IV. DOCUMENT SUBMISSION AND PAYMENT OF MONTHLY CREDIT/GHOST CARD INVOICE**A. General County Department Procedure**

Original sales documents (packing slip, invoice, cash register tape, credit card slips, etc.) for each transaction **MUST** be neatly attached to the credit card statement and attach the same to the account payable batch and submit the same to the Auditor's Office within five (5) business days of receiving the monthly statement.

B. County Auditor Review and Payment by Treasurer

1. The Auditors Office will a) review the documents for accuracy; b) review whether the charges are to the proper accounts, and c) approve the statement for payment.
2. The County Treasurer or staff member designated in writing shall be authorized to access the County's credit account online in order to verify charges and make or push online payments.
3. All purchases made with credit and/or ghost cards shall be paid for within the grace period so that no interest charge or penalties will accrue.

V. AUDITS

The Treasurer may, at the Treasurer's discretion, conduct random audits for both card authority and receipt retention as well as statement review.

SCHEDULE "A"

Credit card and/or ghost cards shall be issued to the Department Heads (hereinafter "Cardholders") for the purposes and monthly limits set forth:

- a. Three credit cards in the name of the Clerk of the Board of Supervisors, in care of the County of Warren, for travel and lodging and general use purposes each with a monthly credit limit of \$10,000;
- b. One credit card in the name of the Clerk of the Board of Supervisors, in care of the County of Warren, for use by the Warren County Tourism Department, for travel and lodging and general use purposes with a monthly credit limit of \$30,000;
- c. One credit card in the name of the Sheriff for travel and lodging and general use purposes, with a monthly credit limit of \$10,000;
- d. One credit card in the name of the Undersheriff for travel and lodging and general use purposes, with a monthly credit limit of \$10,000;
- e. One credit card in the name of the Superintendent of the Department of Public Works for E-bay fees only with a monthly credit limit of \$1,000;
- f. One credit card in the name of the Purchasing Agent for eBay fees only with a monthly credit limit of \$1,000; and
- g. Up to five ghost cards in the name of the Department(s) individually and for use with high volume vendors as selected by the County Administrator with four cards to have a monthly credit limit not to exceed \$15,000 and one card to have a monthly credit limit not to exceed ~~\$149,500~~ \$147,500.
- h. One credit card in the name of the Veterans' Services Director for use exclusively in association with the Peer-to-Peer Program with a monthly credit limit of \$500.
- i. One credit card in the name of the Social Services Director for general use purposes with a monthly credit limit of \$1,000.
- j. One credit card in the name of the Health Services Director for general use purposes with a monthly credit limit of \$1,000.

Use of credit cards for travel and lodging shall be for the purposes set forth as *Schedule "D"*.

Use of credit cards for general purposes shall include purchases of a small dollar amount, food service, fuel, supplies, materials, conference registrations, hardware store purchases, Federal Express, United Parcel Service and postal charges, other miscellaneous items authorized in Department Budgets, except when the County has an established account or using a ghost account with a vendor in which case that account shall be used and not the credit card. General purposes shall not include alcoholic beverages, tobacco, lottery tickets, cash advances or ATMs or purchases that require Board Resolutions until such a Board Resolution has been adopted.

SCHEDULE "B"

**ACKNOWLEDGMENT OF RECEIPT OF THE
MASTERCARD PURCHASE CARD**

Last 4 digits of card: _____

I acknowledge that, on the date indicated below, I received a Purchase Card for my Department's use. I have previously received a copy of the County Credit Card Policy which set forth, among other things, Cardholder use and responsibilities. I understand that:

The Purchase Card is a cost-effective method for the purchase and payment of small dollar material transactions and is limited to \$_____ per month.

The Purchase Card is to be used solely for business purchases; not personal purchases.

I am responsible for reconciling monthly statements and maintaining accurate accounting records.

Should my employment with Warren County terminate, I am responsible for returning the Purchase Card to the County Administrator.

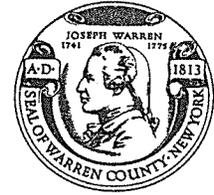
Department Head Name: _____
(Please Print)

Department Head Signature: _____

Date: _____

Warren County Board of Supervisors

WARREN COUNTY MUNICIPAL CENTER
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK 12845-9803



Telephone 518-761-6535
Fax 518-761-7652

Frank E. Thomas, Chairman

Amanda Allen, Clerk of the Board

SCHEDULE "C"

GENERAL CREDIT CARD AUTHORIZATION

Date: _____ Appropriation Code: _____ Amount \$ _____

Purchase Order # (if required): _____

This is to confirm _____ is authorized to use my credit card for
_____ (merchandise) for County purposes.

All purchases are tax exempt.

Vendor Name: _____

Date of Purchase: _____

Name on credit card: Clerk of the Board (Amanda Allen)

Card Number: Ending in: _____ MasterCard / Visa / Other _____

Expiration Date: _____

Call me at (518) 761-7656 with any questions.

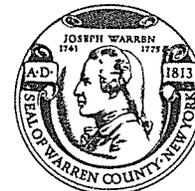
I understand that I am responsible for all charges noted above that are incurred on this account.

CARDHOLDER'S SIGNATURE _____

CARDHOLDER'S NAME (please print) Clerk of the Board (Amanda Allen)

Warren County Board of Supervisors

WARREN COUNTY MUNICIPAL CENTER
1340 STATE ROUTE 9
LAKE GEORGE, NEW YORK 12845-9803



Telephone 518-761-6535
Fax 518-761-7652

Frank E. Thomas, Chairman

Amanda Allen, Clerk of the Board

SCHEDULE "D" TRAVEL CREDIT CARD AUTHORIZATION

Date: _____ Appropriation Code: _____ Amount: \$ _____

This is to confirm _____ is authorized to use my credit card for airline tickets, hotel charges and conference fees (as listed below) for County purposes. All purchases are tax exempt.

AIRLINE TICKETS:

Date of Purchase: _____ Name of Airline: _____

HOTEL CHARGES:

Name and address of hotel: _____

Arrival Date: _____ Departure Date: _____

- Room and room tax charges (tax exempt must have form) Local phone calls
- Long distance phone calls Restaurant charges
- Banquet and meeting room charges Laundry charges

CONFERENCE FEES:

Date of Purchase: _____ Name of Organization (ie. NYSAC): _____

Name on credit card: Clerk of the Board (Amanda Allen)

Card Number: Ending in: _____ MasterCard / Visa / Other _____

Expiration Date: _____

Call me at (518) 761-7656 with any questions.

I understand that I am responsible for all charges noted above that are incurred on this account.

CARDHOLDER'S SIGNATURE _____

CARDHOLDER'S NAME (please print) Clerk of the Board (Amanda Allen)

SCHEDULE "E"

COUNTY OF WARREN
TRANSACTION DISPUTE FORM

Cardholder Information:

Cardholder's Name: _____

Card Number: _____

Cardholder's Signature: _____ Date: _____

Vendor Name: _____

Statement Date: _____ Transaction Date: _____

Transaction No. _____ Posting Date: _____

Amount Disputed: _____

Dispute:

The item referenced above is being disputed because:

____ There is a difference in the amount I authorized and the amount I was billed.
(A copy of your charge must be attached)

____ I only transacted one charge and I was previously billed for it.
(Date of Purchase charge: _____)

____ The above transaction is mine, but I am disputing the transaction.
(Please state your reason for the denial in detail)

____ I do not recognize the above transaction.

____ I have received a credit voucher for the above transaction, but it has not yet appeared on my account. (A copy of the credit voucher must be attached)

____ My account has been charged for the above transaction, but I have not received the merchandise. The details of my attempt to resolve the dispute with the merchant and the merchant's response are indicated below:

Attach the completed form to your monthly statement for review and approval by your Approving Supervisor and the Auditors Office and County Administrator or Assistant County Administrator.

SCHEDULE "F"

COUNTY OF WARREN
LOST/STOLEN CARD NOTIFICATION

Cardholder's Name: _____

Card Number: _____

Please Check One:

Card was: Lost
 Stolen
 Other (*Describe*) _____

Describe how card was lost/stolen: _____

Was a Police Report filed (*Circle*): Yes No

If yes: Department: _____

Report Number: _____

Cardholder Notified the Credit Card Company:

Date: _____

Time: _____

Cardholder's Signature: _____ Date: _____

Treasurer's 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: Public Works Payroll Dept. No: 19.10
Title of Position: Cleaner #10 Base Salary of Position: 27,438 Grade: 2
Filling at Step # (If Known):
Budget code and title: A.1620 Cleaner #10 Union [checked] Non-Union []
This position is vacated due to: [checked] Retirement [] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: 10910/Clint Prosser Date of Vacancy: 01/22/2020
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [] Yes [checked] 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

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature Date 1/14/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public County Facilities
[checked] 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 1/22/20

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: 36.0
Title of Position: Public Health Nurse #35- Extension Base Salary of Position: \$50,816 *2019 Contract Grade: 21
Filling at Step # (If Known):
Budget code and title: A.4010.110 Health Services Full Time Salaries Union [checked] Non-Union []
This position is vacated due to: [checked] Retirement [] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: #13119/ Hauser Date of Vacancy: 12/21/2018
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] State [checked] Other [] Variable based on caseload

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. 1/7/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/7/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/13/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[checked] 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 1/21/20

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: 36.0
Title of Position: Registered Professional Nurse #31 Base Salary of Position: \$47,523 *2019 Contract Grade: 19
Filling at Step # (If Known):
Budget code and title: A.4010.110 Health Services Full Time Salaries Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: #13376/Carpenter Date of Vacancy: 1/10/2019-2020
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] State [checked] Other [] Variable caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [checked] 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. 1/17/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/7/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/13/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health Services
[checked] 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 1/21/20

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: 36.01
Title of Position: Part Time not to exceed 20 hrs/wk Infant Feeding Advocate Base Salary of Position: 528,026 (\$13.47/hr) * 2019 Contract Grade: 3
Filling at Step # (If Known):
Budget code and title: A.4013 WIC Part Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Langworthy/ #13262 Date of Vacancy: 12/6/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal State WIC 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 1/7/20

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 1/13/20

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 Date 1/21/20

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: Warren County Public Defender Payroll Dept. No: 6.01 A.1171
Title of Position: Coordinating Assistant Public Defender Base Salary of Position: TBD (\$72,074-\$92,633) Grade: 4
Filling at Step # (If Known): \$94,475 budgeted
Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Date of Vacancy:
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
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. 1-15-20

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 1/21/20

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 1/22/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice
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 1/22/20

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: Warren County Public Defender Payroll Dept. No: 6.01 A.1171
Title of Position: 3rd Assistant Public Defender Base Salary of Position: \$69,891 Grade: 3
Filling at Step # (If Known):
Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: Date of Vacancy:
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
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. 1-15-20

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 1/21/20

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 1/22/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice
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 1/22/20

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: Warren County Public Defender Payroll Dept. No: 6.01 A.1171
Title of Position: Legal Clerk Base Salary of Position: \$30,520.00 Grade: 5
Filling at Step # (If Known):
Budget code and title: A.1171 110 (Public Defender Salary - Regular) Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other
Employee No./Last Name: Date of Vacancy:
Is this position mandated? [] Yes [X] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal % [X] State 100 % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [X] 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. 1/14/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 1/20/20

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 1/21/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice
[X] 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 1/22/20

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: 19.63
Title of Position: MEO (L) #5 Base Salary of Position: \$33,600 Grade: 7
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (L) #5 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 11097/Richard Wallace Date of Vacancy: 01/30/2020
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. 1-14-20

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 1/14/20

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 1/17/20

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 Date 1/22/20

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: 19.63
Title of Position: MEO (L) #16 Base Salary of Position: \$33,600 Grade: 7
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (L) #16 Union [x] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [x] Promotion [] Other
Employee No./Last Name: 13034/Robert Bunting Date of Vacancy: 12/25/2019
Is this position mandated? [] Yes [x] No Is the position reimbursable? [] Yes [x] 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

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

Administrator Signature [Signature] Date 1/14/20

BUDGET OFFICER COMPLETES THIS SECTION

- [x] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works

- [x] 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 1/22/20

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: 19.63
Title of Position: MEO (M) #23 Base Salary of Position: \$36,214 Grade: 9
Filling at Step # (If Known):
Budget code and title: D.5110 MEO (M) #23 Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: #12904 Comstock Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [] Yes [checked] 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. [Signature] 1-14-20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/14/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Works
[checked] 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 1/22/20

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Sergeant #2 Base Salary of Position: \$78,519 Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [X] Retirement [] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: 9055/Rawson Date of Vacancy: 01/31/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature Date 1/21/20

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 1/22/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety
[X] 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 1/24/20

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Officer #TBD Base Salary of Position: \$42,373 (1st Yr) Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [checked] Promotion [] Other
Employee No./Last Name: TBD Date of Vacancy: 01/31/2020
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [] Yes [checked] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] 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. 1/21/20
Human Resources Director has approved this form when initialed. 1/21/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/21/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/22/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety
[checked] 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 1/24/20

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: Sheriff Payroll Dept. No: 30.09
 Title of Position: Communications Officer #14 Base Salary of Position: \$41,740 Grade: _____
 Filling at Step # (If Known): _____
 Budget code and title: A.3020 110 Sheriff's 911 Center Salaries - Regular Union Non-Union
 This position is vacated due to: Retirement Resignation Termination Promotion Other
 Employee No./Last Name: 7485/Delorenzo Date of Vacancy: 01/29/2020
 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. RW 1/21/20
Human Resources Director has approved this form when initialed. NS 1/21/20

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 1/21/20

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 L. B. M. [Signature] Date 1/22/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Public Safety
 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 1/24/20

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: SOCIAL SERVICES Payroll Dept. No: 40.03
Title of Position: Sr. Social Welfare Examiner #8 Base Salary of Position: \$38,225 (2019) Grade: 11
Budget code and title: A6010 110 - Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [X] Other
Employee No./Last Name: 10825/Rheel Date of Vacancy: 12/9/19
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 50% [X] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/13/20

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[X] 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 1/21/20

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: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #23 Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: 13248/Campbell Date of Vacancy: 12/23/19
Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 50% [checked] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] 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. 1/13/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/13/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[checked] 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 1/20/20

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: SOCIAL SERVICES Payroll Dept. No: 40.07
Title of Position: Support Investigator #6 Base Salary of Position: \$34,988 (2019) Grade: 8
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: 11282/Diamond Date of Vacancy: 12/23/19
Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 50% [checked] State 25% [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[checked] 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. 12-13-20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 1/13/20

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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[checked] 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 1/21/20

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: SOCIAL SERVICES Payroll Dept. No: 40.00
Title of Position: Resource Clerk #3 Base Salary of Position: \$29,333 (2019) Grade: 4
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [checked] Promotion [] Other
Employee No./Last Name: 12914/Stoller Date of Vacancy: 11/25/19
Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 50 % [checked] State 25 % [] 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. 1/15/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/15/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[checked] 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 1/21/20

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: SOCIAL SERVICES Payroll Dept. No: 40.01
Title of Position: Caseworker #16 Base Salary of Position: \$43,390 (2019) Grade: 16
Filling at Step # (If Known):
Budget code and title: A6010 110 - Salaries - Regular Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other []
Employee No./Last Name: 13291/Foley Date of Vacancy: 01/30/20
Is this position mandated? [checked] Yes [] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [checked] Federal 50% [checked] State 25% [] 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. [Signature] 1/15/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 1/15/20

BUDGET OFFICER COMPLETES THIS SECTION

[checked] 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 1/17/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Human Services
[checked] 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 1/21/20

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: Sheriff Payroll Dept. No: 30.09
Title of Position: Communications Officer #15 Base Salary of Position: \$47,287 Grade:
Filling at Step # (If Known): \$41,740
Budget code and title: A.3020 110 Sheriff's 911 Center Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [X] Termination [] Promotion [] Other
Employee No./Last Name: 13385/Rivers Date of Vacancy: 12/03/2019
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. 12/17/19
Human Resources Director has approved this form when initialed. 12/17/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice & Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Sheriff Payroll Dept. No: 30.09
Title of Position: Communications Officer #21 Base Salary of Position: \$47,287 \$41,740 Grade:
Filling at Step # (If Known):
Budget code and title: A.3020 110 Sheriff's 911 Center Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [] Other [X]
Employee No./Last Name: New Position Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice & Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Investigative Sergeant #1 Base Salary of Position: \$78,519 (10th) Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [] Promotion [] Other [X]
Employee No./Last Name: New Position Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal % [] State % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. PW 12/17/19
Human Resources Director has approved this form when initialed. AG 12/17/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice + Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Investigator #5 Base Salary of Position: \$77,519 \$72,501 Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [X] Promotion [] Other
Employee No./Last Name: 7532/David Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. 12/17/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice & Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Lieutenant #3 Base Salary of Position: \$99,174 Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: New Position Date of Vacancy: 01/01/2020
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 12/17/19

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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice & Public Safety
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 12-20-19

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Sergeant #1 Base Salary of Position: \$78,519 Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [X] Promotion [] Other
Employee No./Last Name: 7588/Smith Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. [Signature] 12/17/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice + Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Officer #TBD Base Salary of Position: \$66,361 (3rd Yr) Grade:
Filling at Step # (If Known): \$55,517
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [X] Promotion [] Other
Employee No./Last Name: TBD Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal % [] State % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. [Signature] 12/17/19
Human Resources Director has approved this form when initialed. [Signature] 12/17/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice + Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Sheriff Payroll Dept. No: 30.00
Title of Position: Patrol Officer #TBD Base Salary of Position: \$42,373 (1st Yr) Grade:
Filling at Step # (If Known):
Budget code and title: A.3110 110 Sheriff's Law Enforcement Salaries - Regular Union [X] Non-Union []
This position is vacated due to: [] Retirement [] Resignation [] Termination [X] Promotion [] Other
Employee No./Last Name: TBD Date of Vacancy: 01/01/2020
Is this position mandated? [] Yes [X] No Is the position reimbursable? [] Yes [X] No
Source of reimbursement: [] Federal [] State [] Other

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[X] 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. 12/17/19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 12/17/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Criminal Justice + Public Safety
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[X] 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 12-20-19

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: Veterans' Services Payroll Dept. No: 55.00
Title of Position: Program Coordinator, Peer-to-Peer Support Svcs. Base Salary of Position: 21,684.00 Grade: 16
Filling at Step # (If Known):
Budget code and title: A.6510.0125 130 Salaries - Part Time Union [X] Non-Union []
This position is vacated due to: [] Retirement [X] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: 13382 / Taylor Date of Vacancy: 12/21/2019
Is this position mandated? [] Yes [X] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [] Federal % [X] State 100 % [] Other %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [X] Other TEMP
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. DW 12/6/19
Human Resources Director has approved this form when initialed. 12-5-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 12/8/19

BUDGET OFFICER COMPLETES THIS SECTION

[X] 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 12/18/19

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 Tramer Date 12/20/19