

PUBLIC SAFETY COMMITTEE
SHERIFF AGENDA
March 22, 2021

COMMITTEE MEMBERS: Supervisors Diamond, Magowan, Braymer, Frasier and Shepler

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Action Agenda/New Business Items:
 1. Request: To enter into an agreement with Lexipol for an annual subscription allowing 24/7 access to the PoliceOne Academy and CorrectionsOne Academy online training courses.
Rationale: Lexipol offers hundreds of full-length courses and thousands of training videos covering essential training topics for police, investigators, corrections and communications.
 2. Request: To amend existing grant to accept additional funding from the New York State STOP-DWI Foundation, Inc. for the 2020-2021 grant.
Rationale: Warren County was awarded an additional \$4,000 of grant funding from the NYS STOP-DWI Foundation, Inc. and to utilize the grant funding the award must be accepted.
 3. Request: To amend the County budget to increase the Stop DWI Program budget by \$4,000 to reflect the additional funding.
Rationale: A budget amendment is necessary to utilize the funds.
 4. Request: To enter into an agreement with New York State Department of Corrections and Community Supervision (DOCCS) to procure food products for Warren County Correctional Facility inmates.
Rationale: The existing agreement for food service with DOCCS expires in July 2021.
 5. Request: To adopt two Warren County Sheriff's Office policies relating to the administration of leave, leave accruals, and the Family and Medical Leave Act (FMLA).
Rationale: The Warren County Sheriff's Office has long standing practices relating to leave administration, accruals, and the Family and Medical Leave Act (FMLA). The Sheriff's Office policies need to be adopted by Warren County as co-employer.
 6. Request: To amend the County budget to reflect the appropriate revenue and expense codes for the first half of the 2020-2021 School Resource Officer agreements..
Rationale: The amendment is necessary to fund the budget codes for the School Resource Officer programs.
 7. Request: To fill Patrol Lieutenant #1 position.
Rationale: Patrol Lieutenant #1 position will be vacated in March upon retirement of a member.
 8. Request: To fill Patrol Sergeant #4 position.
Rationale: Patrol Sergeant #4 position will be vacated in March upon retirement of a member.

9. Request: To fill Patrol Sergeant #11 position.
Rationale: Patrol Sergeant #4 position will be vacated upon retirement of a member.
10. Request: To fill Investigator #TBD.
Rationale: An Investigator position will be vacated following an Inv. Sergeant promotion.
11. Request: To fill Patrol Officer #TBD.
Rationale: A Patrol Officer position will be vacated following a Patrol Sergeant promotion.
12. Request: To fill Patrol Officer #TBD.
Rationale: A Patrol Officer position will be vacated following a Patrol Sergeant promotion.
13. Request: To fill Patrol Officer #TBD.
Rationale: A Patrol Officer position will be vacated following an Investigator promotion.
14. Request: To fill Investigative Sergeant position.
Rationale: Investigative Sergeant position will be vacated in March following a promotion.

IV. Discussion Items:

V. Referrals/Pending Items:

1. Part-time Patrol Officer to process and submit civil fingerprints to NYS DCJS

VI. Privilege of the floor and public comment (please allow for 15 second delay on live stream meetings)

VII. Motion to adjourn

-
- Attachments:
1. Resolution Request Form No. 3 - Request for New Contract (Lexipol)
 2. Resolution Request Form No. 6 - Request to Amend Existing Grant (NYS STOP DWI grant)
 3. Resolution Request Form No. 7 - Request to Amend County Budget (NYS STOP DWI grant)
 4. Resolution Request Form No. 3 - Request for New Contract (NYS DOCCS)
 5. Resolution Request Form No. 20 - Miscellaneous (Sheriff's Office Leave Policies)
 6. Resolution Request Form No. 7 - Request to Amend County Budget (School Resource Officers)
 7. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Patrol Lieutenant)
 8. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Patrol Sergeant)
 9. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Patrol Sergeant)
 10. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Investigator)
 11. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Patrol Officer)
 12. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Patrol Officer)
 13. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Patrol Officer)
 14. Resolution Request Form No. 12 - Notice of Intent to Fill Vacant Position (Inv. Sergeant)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff

DATE: March 22, 2021

- (a) Is this a Result of a Bid or Request for Proposal?** No
- (b) Purpose of Contract:** Subscription for online police & corrections training
- (c) Name of Contractor:** Lexipol
- (d) Address of Contractor:** 2611 Internet Blvd., Suite 100, Frisco TX 75034
- (e) Contractor's Contact Person and Telephone Number:** Margaret Henderson
(844) 312-9500
- (f) Has or will the Contract be provided, if so, please attach:** Yes
- (g) Commencement Date of Contract:** 04/01/2021
- (h) Termination Date of Contract:** 03/31/2022
- (i) Payment Provisions:**
 - i) lump sum amount** \$11,257.00
 - ii) hourly rate amount**
 - iii) total amount not to exceed**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)**
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount:**

A.3110 444 Sheriff's Law Enforcement - Travel/Education/Conference \$11,257.00

* as listed in budget and LOGOS

LEXIPOL



SUBSCRIPTION PLATFORM AGREEMENT

Customer Name: Warren County Sheriff's Office
 Customer Address: 1400 State Rte 9
 Lake George, New York 12845
 Attention: Lieutenant Rob Smith

Lexipol's Address: 2611 Internet Boulevard, Suite 100
 Frisco, Texas 75034

Prepared By: Margaret Henderson
 Expiration Date: 5/31/2021

Contract & Proposal Valid Through: 4/1/2021 - 3/31/2022

Signature: _____
 Print Name: _____
 Title: _____
 Date Signed: _____

QTY	DESCRIPTION	UNIT PRICE	DISC (%)	EXTENDED
99	CorrectionsOne Academy Annual Rate Per User	USD 51.00		USD 5,049.00
82	PoliceOne Academy Annual Rate Per User	USD 51.00		USD 4,182.00
23	PoliceOne Academy Annual Rate Per User	USD 51.00		USD 1,173.00
3	PoliceOne Academy Annual Rate Per User	USD 51.00		USD 153.00
216	PoliceOne Academy Account Services & Setup	USD 1,000.00		USD 700.00
			Discount:	USD 300.00
			TOTAL:	USD 11,257.00

The above subscription services, and when applicable, implementation services, shall be invoiced by Lexipol upon the execution of this Agreement.

Notes

Any remaining portion of March at no cost
 P1A: 82
 C1A: 99 FT (CO's, Sgts, Admins)
 P1A: Dispatch: 23
 P1A: 12 users @ 4:1 rate = (3 Partial users)

Discount Notes

Discounted set up fee

SCOPE OF SERVICES

PoliceOne Academy

Training is key to improving safety and effectiveness in law enforcement agency operations. PoliceOne Academy's online training platform combines high-quality content with time-saving features to help your training resources go further.

- 24/7 access to online learning, allowing your officers to train when it's convenient
- Hundreds of full-length courses and thousands of videos built for micro-learning
- Reports to help you monitor and track training completion, compliance and license renewal
- Acceptance as a Certified Training Provider and for continuing education in many states
- Ability to upload and build your own content and create personalized learning plans

CorrectionsOne Academy

Training is key to improving safety and effectiveness in correctional facilities. CorrectionsOne Academy's online training platform combines high-quality content with time-saving features to help your training resources go further.

- 24/7 access to online learning, allowing your personnel to train when it's convenient
- Hundreds of full-length courses and videos built for micro-learning
- Reports to help you monitor and track training completion, compliance and license renewal
- A proprietary learning platform that delivers approved and accredited training
- Ability to upload and build your own content and create personalized learning plans

TERMS & CONDITIONS

Billing:

A yearly subscription billing period begins at the effective starting date of service as stated above. A payment is due in full at the beginning of the 12-month period unless otherwise specified.

Renewal: Term of subscription will be automatically renewed upon contract end date using current rate card rates at the time of renewal, unless written notice of non-renewal is received at least sixty-days prior to contract end date.

Cancellation: Contract cannot be cancelled prior to effective contract end date. Department Personnel Use Only: Passwords and videos can be used by department personnel during the term of the subscription. Sharing department login access to the PoliceOne Academy or CorrectionsOne Academy or FireRescueOne Academy or EMSOne Academy or any downloaded or video content with other departments is expressly prohibited. Any violation of this policy will result in revocation of department access.

Service Agreement: The terms of this Order Form ("Order Form") and the Master Subscription Agreement ("MSA") located at <https://www.lexipol.com/lms-master-service-agreement/>

between the Customer and Praetorian Digital govern the use of the Praetorian Digital Academy learning management system and related services. By executing this Order Form, Customer agrees to the terms of this document and the MSA.

RESOLUTION REQUEST FORM NO. 6

Request to Amend or Extend Existing Grant

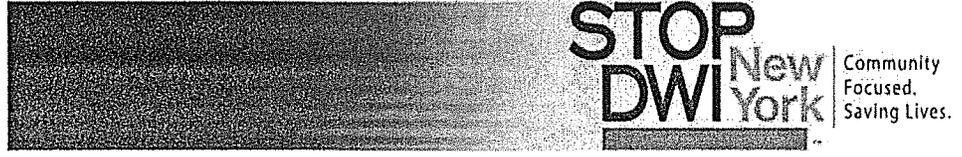
DEPARTMENT NAME: Sheriff

DATE: March 22, 2021

- (a) **Purpose of Grant Amendment:** Increase Grant Funding
- (b) **Resolution No. which Authorized Original Application and Grant:**
- (c) **Name of Grantor:** NYS STOP-DWI Foundation, Inc.
- (d) **Address of Grantor:** 410 State Street, Hudson NY 12534
- (e) **Grantor's Contact Person and Telephone Number:** Reginald Crowley, Chair
(518) 828-0052
- (f) **Has or Will the Grant Amendment or Grant Extension be provided, if so, please attach:** Yes
- (g) **Effective Date of Amendment or Extension:** March 4, 2021
- (h) **Termination Date of Grant:** September 30, 2021
- (i) **Total Dollar Amount Involved (Not to Exceed):** \$14,000 (w/Amended Increase)
- (j) **Is a Budget Amendment Required?:** Yes
If yes, also complete and submit Form No. 7.
- (k) **Are the funds to go into a Capital Project or Capital Reserve Project?:** No
If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (l) **Is a Local Share Required?:** No
If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount OR Capital Project OR Capital Project Number and Title Amount:

**Sample: A.3110 470 General Sheriff's Law Enforcement - Contract \$ xx.xx
Capital Project No. H289.9550 480 - Old Jail Renovations \$xx.xx**

* as listed in budget and LOGOS



March 4, 2021

Undersheriff Terry Comeau, Warren County STOP-DWI
Via E-Mail

Re: Allocation of Additional Crackdown Funds

Dear Undersheriff:

As you are aware Warren County was allocated \$10,000 in crackdown funds for the grant cycle of October 1, 2020 through September 30, 2021.

Please accept this letter as official notification that effective today the NYS STOP-DWI Foundation has increased the Warren County allotted crackdown money by an additional \$4,000. This additional allocation is subject to use under the same criteria as the original funds granted.

Should you have any questions or require any additional information, please feel free to contact me or Grant Administrator, Pam Aini.

Sincerely,

Tracie Coulson

Tracie Coulson, Vice-Chairperson
NYS STOP-DWI Foundation, Inc.

Reggie Crowley (Columbia) – Chairperson
Tracie Coulson (Cayuga) – Vice-Chairperson

Tracy Mance (Albany) - Secretary
John Winchell (Washington) – Treasurer

BOARD OF DIRECTORS: Melanie Churakos (Cattaraugus), Patricia Tomassi (Westchester), Michele James (St. Lawrence), Jeffrey Kaczor (Montgomery), Susie Schenck (Orleans)

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Sheriff

DATE: March 22, 2021

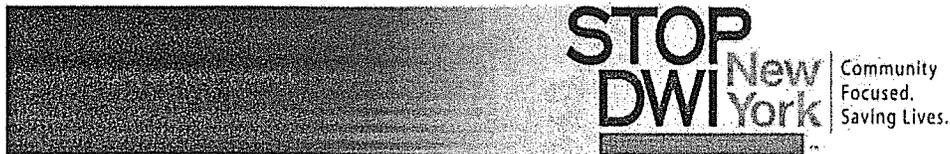
(a) Purpose of Amendment: Amend County Budget to reflect increased funding for the 2020-21 New York State Stop DWI Crackdown Enforcement grant.

(b) Appropriation Code, Object Code, Full Title and Amount:

A.3315 120	Stop DWI Program	\$4,000
	Salaries - Overtime	

(c) Revenue Code (with title), and amount:

A.3315 3615	Stop DWI Program	\$4,000
	STOP DWI Grant	



March 4, 2021

Undersheriff Terry Comeau, Warren County STOP-DWI
Via E-Mail

Re: Allocation of Additional Crackdown Funds

Dear Undersheriff:

As you are aware Warren County was allocated \$10,000 in crackdown funds for the grant cycle of October 1, 2020 through September 30, 2021.

Please accept this letter as official notification that effective today the NYS STOP-DWI Foundation has increased the Warren County allotted crackdown money by an additional \$4,000. This additional allocation is subject to use under the same criteria as the original funds granted.

Should you have any questions or require any additional information, please feel free to contact me or Grant Administrator, Pam Aini.

Sincerely,

Tracie Coulson

Tracie Coulson, Vice-Chairperson
NYS STOP-DWI Foundation, Inc.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Sheriff

DATE: March 22, 2021

- (a) Is this a Result of a Bid or Request for Proposal?** No
- (b) Purpose of Contract:** To procure food products for the Correctional Facility
- (c) Name of Contractor:** NYS Department of Corrections & Community Supervision
- (d) Address of Contractor:** Evans Dr., Building #50, P.O. Box 4110, Rome NY 13442
- (e) Contractor's Contact Person and Telephone Number:** Christine Olney
Nutritional Svcs. Director
(315) 339-6880
- (f) Has or will the Contract be provided, if so, please attach:** Yes
- (g) Commencement Date of Contract:** 06/01/2021
- (h) Termination Date of Contract:** 05/31/2026
- (i) Payment Provisions:**
 - i) lump sum amount**
 - ii) hourly rate amount**
 - iii) total amount not to exceed \$126,114**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)** Monthly
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, Title, and Amount:**

A.3150 445 General Sheriff's Correction Division - Foods \$126,114

* as listed in budget and LOGOS



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

November 25, 2020

Captain Albert Maday
County of Warren
1340 State Route 9
Lake George, NY 12845

RE: Food Contract with NYS DOCCS

Dear Captain Maday:

Thank you for choosing the New York State Department of Corrections and Community Supervision's Office of Nutritional Services to assist with your food service needs. The contract for sale of food to Warren County is due to expire on 5/31/21. I hope that cost savings have been achieved and that you have seen operational improvements from our program.

I have attached a new, five-year contract for your review along with Appendix A (Standard Clauses for NY State Contracts dated January 2014), and a current product/price list as is referenced in the contract. Please keep Appendix A and the price list for your records. In order to get the necessary contract approvals from the New York State Attorney General and Office of the State Comptroller, we will need four signed originals of the 3-page contract and a county governing board resolution.

If you have any questions or concerns with that you would like to discuss, I can be reached at (315) 339-6880 Ext. 3830.

We look forward to continuing our relationship with Warren County.

Sincerely,

Christine Olney
Director Nutritional Services

CO/ss
CC: File

Attachments

STATE OF NEW YORK MULTI-YEAR AGREEMENT

<p><u>STATE AGENCY:</u></p> <p>New York State Department of Corrections and Community Supervision Office of Nutritional Services PO Box 4110 Bldg 50, Evans Dr. Rome, NY 13442-4110</p>	<p><u>BUSINESS CODE:</u> DOC01</p> <p><u>NYS COMPTROLLER'S NUMBER (Contract Number):</u> X161572</p> <p><u>DEPARTMENT CODE:</u> 3250226</p>
<p><u>CONTRACTOR:</u></p> <p>County of Warren 1340 State Route 9 Lake George, NY 12845</p>	<p><u>TYPE OF PROGRAM:</u></p> <p>Sale of Food – Revenue Contract</p>
<p><u>CHARITIES REGISTRATION NUMBER (Not-for-Profit Organizations):</u> N/A</p> <p><u>MUNICIPALITY NUMBER (If Applicable):</u></p>	<p><u>INITIAL CONTRACT PERIOD:</u></p> <p>FROM: 6/1/21</p> <p>TO: 5/31/26</p> <p><u>RENEWALS:</u> N/A</p>
<p><u>NYS VENDOR ID NUMBER:</u> 1000002438</p>	<p><u>FUNDING AMOUNT FOR INITIAL PERIOD:</u></p> <p>\$126,114</p>

APPENDICES ATTACHED AND PART OF THIS AGREEMENT:

- | | | |
|----------|------------|---|
| <u>X</u> | APPENDIX A | Standard Clauses for New York State Contracts |
| <u>X</u> | OTHER | Food Cost Sheet - Updated Quarterly |

COST COMPUTATION

CONTRACTOR:	Warren County
CONTRACT NUMBER:	X161572
TOTAL CONTRACT AMOUNT:	\$126,114
Estimated Population Served	102
Fiscal Year 19/20 Estimated Total Revenue Sales Under Contract X161382	\$23,759
Number of Contract Years	5
Estimated Revenue Sales	
Year 1	\$24,234
Year 2	\$24,719
Year 3	\$25,213
Year 4	\$25,717
Year 5	\$26,231
ESTIMATED 5-YEAR TOTAL:	\$126,114

CURRENT FOOD COST SHEET ATTACHED (UPDATED QUARTERLY)

**CONTRACT FOR SALE OF FOOD PRODUCTS BETWEEN NYS-DOCCS-NS
AND WARREN COUNTY**

Warren County in Lake George, New York (hereinafter referred to as County), wishes to enter into an agreement to procure food products from the New York State Department of Corrections and Community Supervision Office of Nutritional Services located in Rome, New York (hereinafter referred to as DOCCS-NS).

WITNESSETH:

WHEREAS, DOCCS operates DOCCS-NS on the grounds of Mohawk Correctional Facility, and;

WHEREAS, food products produced by DOCCS-NS are delivered to all the facilities operated by DOCCS for the purpose of feeding the inmate population, and;

WHEREAS, County is desirous of purchasing food products from the DOCCS-NS;

WHEREAS, DOCCS-NS is capable of producing additional food products for use by the County without detriment to its ability to service all DOCCS locations.

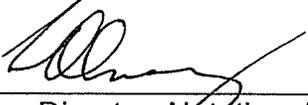
NOW, THEREFORE, IN CONSIDERATION OF THE COVENANTS AND MUTUAL PROMISES CONTAINED HEREIN, THE PARTIES HERETO AGREE AS FOLLOWS:

At the request of County consistent with the mission of DOCCS-NS:

1. DOCCS-NS will provide food products as requested by County. These food products will be standard production items processed consistent with DOCCS menu items. DOCCS-NS will work closely to coordinate ordering and delivery schedules.
2. DOCCS-NS transportation staff can deliver food products to County on a weekly basis. Deliveries will be made by refrigerated trucks at a day and time convenient to DOCCS-NS. Deliveries will be scheduled in conjunction with DOCCS facility deliveries in close proximity of the County.
3. Food products will be packed in plastic baskets, stacked on pallets or dollies. All empty baskets or dollies are to be returned to DOCCS-NS via DOCCS-NS truck. County agrees to reimburse at replacement cost any lost or damaged baskets or dollies. The current price of a basket is \$28.31 each and a dolly is \$124.00 each. Prices are subject to change.
4. At time of delivery, DOCCS-NS will provide an itemized listing of products delivered. County personnel should verify that correct products and count are received and notate any discrepancies on delivery ticket. Ticket shall be signed by County personnel and DOCCS-NS driver. The DOCCS-NS driver will retain one copy as proof of delivery.
5. The month following product delivery, DOCCS-NS will provide an invoice to County for payment of products received. Payment for products received should be made on a monthly basis by check or Electronic Fund Transfer, payable to NYSDOCCS Office of Nutritional Services.
6. A product/price list will be provided by DOCCS-NS quarterly, which will increase/decrease directly consistent with cost to DOCCS-NS.

7. It is understood between the parties hereto that this contract shall not become effective until Approved by the Attorney General and the Comptroller of New York State and will remain in effect for five (5) years.
8. Appendix A, Standard Clauses For New York State Contracts, January 2014, is attached hereto as Exhibit A and is hereby made a part of this contract as if set forth fully herein.
9. If either party to this contract wishes to terminate the agreement, the requesting party may do so by giving the other party notice in writing no less than ninety (90) calendar days prior to the desired termination date. Such notice shall be directed to the representative of the party that signed the agreement.

FOR THE NYS DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION:



Christine Olney, Director, Nutritional Services

3-2-21

Date

Melissa McLaughlin, Director, Budget & Finance

Date

FOR WARREN COUNTY:

Title

Date

Acknowledgement:

STATE OF NEW YORK)
)
COUNTY OF)

On the ____ day of _____, 20 ____, before me personally appeared _____,
to me known, who being by me duly sworn, did depose and say that he/she resides at
_____, that he/she is the _____ of the
County of _____, described herein which executed the foregoing instrument
and certification; and that he/she signed his/her name thereto by order of the Legislature/ruling
municipal body of said County.

(Notary) _____

NYS Attorney General Office

Office of the State Comptroller

Date

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: March 22, 2021

- (a) Purpose of Request:** Adoption of two Warren County Sheriff's Office policies relating to leave; Correction Division Directive 003 and Public Safety Division Directive 006.

- (b) Details:** Warren County Sheriff's Office Correction Division Directive 003 and Public Safety Division Directive 006 outline policies and procedures governing leave administration for the Sheriff's Office, to include leave relating to the Family and Medical Leave Act of 1993.

- (c) Previous Resolution Number:** N/A

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

N/A

* as listed in budget and LOGOS

CORRECTION DIVISION



WARREN COUNTY SHERIFF'S OFFICE



DIRECTIVE 003: REQUESTS FOR LEAVE

EFFECTIVE DATE: 02/05/21

AUTHORITY: SHERIFF JIM LAFARR

PRIOR REVISION: 01/01/20

ACCREDITATION STANDARDS:

REVIEW DATE: 02/05/21

The responsibility for the preparation of agency schedules and processing of leave requests is as follows. All leave requests, except sick leave as outlined in this manual, shall be submitted to these authorized members in the order outlined below:

Correction Sergeant	Correction Officer	CD Kitchen Staff	CD Support Staff
Correction Lieutenant	Designated Sergeant	Designated Sergeant	Correction Lieutenant
Correction Captain	Correction Lieutenant	Correction Lieutenant	Correction Captain
Undersheriff	Correction Captain	Correction Captain	Undersheriff

GENERAL RULES

1. Leave shall be administered in accordance with this directive and pursuant to the provisions outlined in each member's applicable collective bargaining agreement.
2. Absent exigent circumstances, all Regular leave requests shall be submitted using the "WCSO Leave Request Program". Early leave requests shall be submitted on a "Leave Request Form".
3. Leave may only be granted for time that has been accrued by the member, with the exception of a DLO which may be used on the day it is earned.
4. Members submitting leave requests to the "Designated Sergeant", as directed above, must ensure this Sergeant will be on-duty prior to the date of leave. Members should submit leave requests to an available "Correction Lieutenant" when the "Designated Sergeant" will not be on-duty prior to the requested leave date, and therefore will not be available to review their request in a timely manner.
5. The authorized members responsible for preparing schedules may, at their discretion, waive or amplify any restriction or requirement when necessary to ensure adequate staffing and to promote a fair and equitable granting of leave time for all employees. Such decisions may take into consideration, but not be limited to the following:
 - A. Minimum staffing;
 - B. Special events, details, and assignments;
 - C. Training;
 - D. Holidays;
 - E. Seniority, experience, and rank levels of staff;
 - F. Any incident that might justify an increase or decrease in staffing; or
 - G. Any emergency which impacts on agency services.

LEAVE REQUESTS

Early Requests

CORRECTION DIVISION

Members may submit Early leave requests to the appropriate authorizing members above, no later than January 15th, for dates in the current calendar year. All early leave requests will be reviewed after January 15th and granted based upon seniority.

NOTE: Members submitting leave requests for time off between January 1st and January 15th shall submit a Regular Leave Request in accordance with this directive.

Regular Requests

1. Members may submit Regular leave requests after January 15th for dates in the current calendar year. Regular leave requests will be granted based upon the following criteria in the order provided:

- A. Date and Time of Submission
- B. Availability/Staffing Levels
- C. Seniority

2. Regular leave requests should be submitted no later than 48 hours prior to the commencement of the intended leave. This restriction may be waived at the discretion of a member authorized above.

NOTE: Correction Officers requesting leave for the remainder of a current shift, the next oncoming shift and/or the shift immediately following (no more than 16 hours prior to the commencement of the intended leave) shall submit such request to the Tour Supervisor when the Designated Sergeant is unavailable.

LEAVE CATEGORIES

1. Eligible members earn DLO's for shifts worked on County approved holidays. All DLO's must be taken within six (6) months of the date they are earned. DLO's not taken within this time period shall be forfeited with no compensation to the member, unless such leave was not taken at no fault of the member.

2. Vacation leave shall be used in the calendar year earned and may not be carried over from calendar year to the next, unless such leave was earned and not otherwise taken through no fault of the member.

3. Personal leave is utilized for personal business and may be taken in hourly increments. Personal leave is not cumulative and no part shall be carried over from one calendar year to the next, unless such leave was not taken through no fault of the member.

4. Military leave entitles a members serving in the military to be absent from work without loss of pay to fulfill necessary military obligations. Military leave shall be administered in strict accordance with the provisions of the member's collective bargaining agreement

5. Bereavement leave entitles a member to be absent from work without loss of pay by reason of death of an immediate family member. Bereavement leave shall be administered in strict accordance with the provisions of the member's collective bargaining agreement.

6. Paid administrative leave is a temporary administrative action that entitles an employee to be absent from work, without loss of pay, following approval from the Sheriff or Undersheriff. The leave may be due to an employee's physical or physiological fitness for duty, pending disciplinary action, or a circumstance where the health and/or safety of any member or other person is in question or at risk.

7. It shall the member's responsibility to demonstrate that leave was earned and not otherwise taken through no fault of such member. Any request to carry over unused leave from one year to the next must be submitted to the Sheriff for review and approval.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act of 1993 (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken such leave. Employees are also entitled to return to their same or an equivalent position at the end of the leave.

CORRECTION DIVISION

POLICY

It is the policy of the Warren County Sheriff's Office to grant up to 12 weeks (480 hours) of family and medical leave during any rolling 12-month period to eligible employees, in accordance with the Family and Medical Leave Act (FMLA), and/or up to 26 weeks of leave in any rolling 12-month period in compliance with the expansion of FMLA under The Support for Injured Servicemembers Act of 2007. The FMLA leave may be paid, unpaid, or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this directive.

The Code of Federal Regulations, 29 CFR Part 825, The Family and Medical Leave Act of 1993 shall serve as the Sheriff's Office compliance guide for eligibility, entitlements and definitions relating to FMLA.

ELIGIBILITY

In order to take leave under the FMLA, an employee must:

1. Have worked for the Warren County Sheriff's Office for 12 months or 52 weeks, and the 12 months or 52 weeks are not required to be consecutive; and
2. Have worked at least 1,250 hours during the 12 months prior to the start of leave, and the 1,250 hours includes only those hours actually worked, not time spent on paid or unpaid leave.

QUALIFYING CONDITIONS

Leave under the FMLA shall be granted for one or more of the following reasons:

1. Birth of a child and to care for/bond with the newborn child;
2. Placement of a child for adoption or foster care and to care for/bond with the newly placed child;
3. Care for spouse, child, or parent (not "parent in-law") with a serious health condition;
4. Serious health condition of the employee;
5. A qualifying military exigency arising out of the fact that the employee's spouse, child, or parent is on covered active duty status as a member of the National Guard, Reserves, or Active Armed Forces; and/or
6. To care for an injured or ill Servicemember.

CALCULATION OF LEAVE

Eligible employees can take up to 12 weeks (26 weeks to care for injured or ill Servicemembers) during a 12 month period under the FMLA. The leave may be in consecutive weeks or intermittently, but it may not exceed 12 weeks (26 weeks to care for injured or ill Servicemembers) over a rolling 12-month period. The 12-month period shall be measured starting from the date an employee first uses FMLA leave in accordance with this directive.

FMLA LEAVE PROCEDURES

1. Employees wishing to use FMLA leave must submit a completed Warren County Sheriff's Office Family and Medical Leave Request Form (A-14) to the Sheriff.
2. Employees requesting FMLA leave due to a serious health condition, or to care for an immediate family member with a serious health condition, must submit the appropriate U.S. Department of Labor Certification form. This form should be completed by a physician and returned to the Sheriff within 15 calendar days. U.S. Department of Labor FMLA forms are available in Administration.
3. Periodic reports and additional physician certifications may also be required during leave relating to serious health conditions. The Sheriff's Office may, at its own expense, require a second (or third) opinion regarding a medical certification. Employees failing to provide timely certification may risk having leave benefits delayed or denied.
4. Employees requesting FMLA leave for reasons other than a serious health condition, or to care for an immediate family member with a serious health condition, must submit the appropriate U.S. Department of Labor Certification form. U.S. Department of Labor FMLA forms are available in Administration.

CORRECTION DIVISION

5. Employees must use all accrued leave prior to the approval of unpaid FMLA leave for requests due to the employee's own serious health condition. When paid leave is used for an approved FMLA covered reason, the leave is FMLA protected.
6. Employees must use all accrued vacation leave, personal leave, holiday leave, and benefit day leave prior to the approval of unpaid FMLA leave for requests due to a reason, other than, the employee's own serious health condition. When paid leave is used for an approved FMLA covered reason, the leave is FMLA protected.
7. Employees do not automatically receive FMLA leave during a leave of absence from employment. FMLA leave must be requested in writing in accordance with this directive.
8. Employees will receive notification from the Sheriff within five business days of receiving completed certifications. The notification will specify whether the FMLA leave was approved, or reason for denial, as applicable.
9. Employees may be subject to disciplinary sanctions, up to and including termination, if the employee knowingly provides false information to receive, or continue, benefits under FMLA.

EMPLOYEE STATUS AND BENEFITS

1. The County will continue an employee's health benefits during the period of FMLA leave, at the same level and under the same conditions, as if the employee had continued to work, provided the employee continues to pay his or her portion of the health care premiums.
2. While on paid leave (i.e. using sick leave in conjunction with FMLA leave), the County will continue to complete payroll deductions to collect the employee's share of health insurance premiums. While on unpaid FMLA leave, the employee must make payments for their portion of health insurance premiums to the Warren County Treasurer. The payments must be received by the 15th day of each month. Health insurance coverage will be terminated if these payments are not received by the 30th of each month.

NOTE: The County's Benefit Broker will provide 15 days' notice prior to the employee's loss of coverage.

3. The County will require the employee reimburse the amount the County paid for the employee's health insurance premiums during the period of unpaid leave if the employee chooses not to return to work for reasons other than; a continued serious health condition of the employee, continued care of an immediate family member with a serious health condition, or a circumstance beyond the employee's control.

RETURNING TO WORK

1. Employment restoration is guaranteed for up to 12 weeks of approved FMLA leave, except under certain circumstances as provided by law.
2. Employees returning to work following FMLA leave will return to their original position, on the same shift/work schedule, retaining salary, benefits, and all other terms of employment.
3. Employees returning to work following FMLA leave relating to their own serious health condition must submit documentation from a physician affirming their ability to perform all essential functions for their position and adequate fitness for duty.
4. Proceedings under New York State Civil Service Law Sections 71 or 73 may be initiated if an employee fails to return to work following the expiration of FMLA leave.

PUBLIC SAFETY DIVISION



WARREN COUNTY SHERIFF'S OFFICE



DIRECTIVE 006: SCHEDULES & LEAVE

EFFECTIVE DATE: 02/05/21

AUTHORITY: SHERIFF JIM LAFARR

PRIOR REVISION: 01/01/20

ACCREDITATION STANDARDS:

REVIEW DATE: 02/05/21

The responsibility for the preparation of agency schedules and processing of leave requests is as follows. All leave requests, except sick leave as outlined in this manual, shall be submitted to the authorized members in the order outlined below:

Patrol	Investigations	Communications	Civil	Support Staff
Designated Sergeant	Investigative Sergeant	Communications Supervisor	Civil Sergeant	Lieutenant
Lieutenant	Lieutenant	Sr. Communication Officer	Undersheriff	Undersheriff
Undersheriff/ Sheriff	Undersheriff/ Sheriff	Lieutenant	Lieutenant	Sheriff

GENERAL INFORMATION (SCHEDULES)

1. For the purposes of this directive, shifts shall be defined as A and B for Patrol and A, B, Modified B, and C for Communications. Available Communications shifts are outlined below.
2. Patrol and Communications members will work permanent shifts and Patrol will have fixed pass days.
3. Shifts will be bid by seniority.
4. Current schedules will be available electronically to all members. New schedules will be released and available for viewing no less than seven (7) days prior to the first date on such schedule.
5. The Administration Office may waive or amplify the provisions of this directive as needed to ensure adequate shift coverage at all levels.

BIDDING FOR SHIFTS

1. Each group (Patrol & Communications) will bid for available shifts, as provided in this directive, on an annual basis.
2. Bids will be made between November 1st and November 30th each calendar year.
3. This directive sets available shifts, as described above, and any changes from the previous year will be provided by means of an updated directive.
4. The bid process will be administered by the member holding the responsibility for the preparation of work schedules, as outlined in this directive.
5. Shift assignments will be determined each year by Administration following the bidding process.

PUBLIC SAFETY DIVISION

6. In the event a vacancy occurs on any shift, the slot shall remain open until such time as a new member is hired and trained to fill the vacancy. Newly hired members will initially work a training schedule and then shall fill the existing vacancy until the next bidding period.
7. In those cases where staffing mandates a change in assignments prior to the next bidding period, the policy of following seniority to fill positions will be used to the extent possible under the scheduling situation at the time.
8. No changes will be made to the designated shift slots, Patrol or Communications, during the calendar year. Changes, if any, will be announced prior to the bidding process for the following year.

GENERAL INFORMATION (LEAVE)

1. Leave shall be administered in accordance with this directive and pursuant to the provisions outlined in each member's applicable collective bargaining agreement.
2. Absent exigent circumstances, all Regular leave requests shall be submitted using the "WCSO Leave Request Program". Early leave requests shall be submitted on a "Leave Request Form".
3. Leave may only be granted for time that has been accrued by the member, with the exception of a DLO which may be taken on the day it is earned.
4. Members submitting leave requests to the "Designated Sergeant", as directed above, must ensure this Sergeant will be on-duty prior to the date of leave. Members should submit leave requests to an available "Patrol Sergeant" when the "Designated Sergeant" will not be on-duty prior to the requested leave date, and therefore will not be available to review their request in a timely manner.
5. The authorized members responsible for preparing schedules may, at their discretion, waive or amplify any restriction or requirement when necessary to ensure adequate staffing and to promote a fair and equitable granting of leave time for all members. Such decisions may take into consideration, but not be limited to the following:
 - A. Minimum staffing;
 - B. Special events, details, and assignments;
 - C. Training;
 - D. Holidays;
 - E. Seniority, experience, and rank levels of staff;
 - F. Any incident that might justify an increase or decrease in staffing; or
 - G. Any emergency which impacts on agency services.

LEAVE REQUESTS

Early Requests

Members may submit Early leave requests to the appropriate authorizing members above, no later than January 15th, for dates in the current calendar year. All early leave requests will be reviewed after January 15th and granted based upon seniority.

NOTE: Members submitting leave requests for time off between January 1st and January 15th shall submit a Regular Leave Request in accordance with this directive.

Regular Requests

1. Members may submit Regular leave requests after January 15th for dates in the current calendar year. Regular leave requests will be granted based upon the following criteria in the order provided:

PUBLIC SAFETY DIVISION

- A. Date and Time of Submission
- B. Availability/Staffing Levels
- C. Seniority

LEAVE CATEGORIES

1. Non-Patrol members earn DLO's for shifts worked on County approved holidays. All DLO's must be taken within six (6) months of the date they are earned. DLO's not taken within this time period shall be forfeited with no compensation to the member, unless such leave was not taken at no fault of the member.
2. Patrol members earn two (2) Benefit Days quarterly. Benefit days are available for use during the quarter earned, and not later than six months following the commencement such quarter, or the end of the calendar year in which earned, whichever occurs first. Benefit Days earned and not otherwise taken through no fault of the member shall be paid to the member at the end of the quarter they were earned.
3. Vacation leave shall be used in the calendar year earned and may not be carried over from calendar year to the next, unless such leave was earned and not otherwise taken through no fault of the member.
4. Personal leave is utilized for personal business and may be taken in hourly increments. Personal leave is not cumulative and no part shall be carried over from one calendar year to the next, unless such leave was not taken through no fault of the member.
5. Military leave entitles a members serving in the military to be absent from work without loss of pay to fulfill necessary military obligations. Military leave shall be administered in strict accordance with the provisions of the member's collective bargaining agreement
6. Bereavement leave entitles a member to be absent from work without loss of pay by reason of death of an immediate family member. Bereavement leave shall be administered in strict accordance with the provisions of the member's collective bargaining agreement.
7. Paid administrative leave is a temporary administrative action that entitles an employee to be absent from work, without loss of pay, following approval from the Sheriff or Undersheriff. The leave may be due to an employee's physical or physiological fitness for duty, pending disciplinary action, or a circumstance where the health and/or safety of any member or other person is in question or at risk.
8. It shall the member's responsibility to demonstrate that leave was earned and not otherwise taken through no fault of such member. Any request to carry over unused leave from one year to the next must be submitted to the Sheriff for review and approval.

REPORTING FOR DUTY (COMMUNICATIONS)

1. All Communication Officers are to be ready for work 15 minutes prior to the start of their respective shifts. This includes being fully dressed, equipped and prepared to work. This time will be used by members coming on and going off shift to exchange information effecting operations from the preceding shift. Members being relieved must remain on duty until completion of their shift.
2. Time sheets should be marked as follows:

<u>Shift</u>	<u>Time Sheet Entry</u>
A Line	22:45 - 07:00
B Line	06:45 - 15:00
C Line	14:45 - 23:00

PUBLIC SAFETY DIVISION

AVAILABLE SHIFTS (COMMUNICATIONS)

Shifts are available as follows:

Slot #	Shift	Slot #	Shift
1	Sr. Comm Officer	14	Sr. Comm Officer
2	A - 2	15	C - 2
3	A - 3	16	C - 3
4	A - 4	17	C - 4
5	A - 5	18	C - 5
6	A - 6	19	C - 6
7	Sr. Comm Officer	20	C - 7
8	B - 2	21	C - 8
9	B - 3		
10	B - 4		
11	B - 5		
12	B - 6		
13	B - 7		

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act of 1993 (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken such leave. Employees are also entitled to return to their same or an equivalent position at the end of the leave.

POLICY

It is the policy of the Warren County Sheriff's Office to grant up to 12 weeks (480 hours) of family and medical leave during any rolling 12-month period to eligible employees, in accordance with the Family and Medical Leave Act (FMLA), and/or up to 26 weeks of leave in any rolling 12-month period in compliance with the expansion of FMLA under The Support for Injured Servicemembers Act of 2007. The FMLA leave may be paid, unpaid, or a combination of paid and unpaid leave, depending on the circumstances of the leave and as specified in this directive.

The Code of Federal Regulations, 29 CFR Part 825, The Family and Medical Leave Act of 1993 shall serve as the Sheriff's Office compliance guide for eligibility, entitlements and definitions relating to FMLA.

ELIGIBILITY

In order to take leave under the FMLA, an employee must:

1. Have worked for the Warren County Sheriff's Office for 12 months or 52 weeks, and the 12 months or 52 weeks are not required to be consecutive; and
2. Have worked at least 1,250 hours during the 12 months prior to the start of leave, and the 1,250 hours includes only those hours actually worked, not time spent on paid or unpaid leave.

QUALIFYING CONDITIONS

Leave under the FMLA shall be granted for one or more of the following reasons:

1. Birth of a child and to care for/bond with the newborn child;
2. Placement of a child for adoption or foster care and to care for/bond with the newly placed child;

PUBLIC SAFETY DIVISION

3. Care for spouse, child, or parent (not "parent in-law") with a serious health condition;
4. Serious health condition of the employee;
5. A qualifying military exigency arising out of the fact that the employee's spouse, child, or parent is on covered active duty status as a member of the National Guard, Reserves, or Active Armed Forces; and/or
6. To care for an injured or ill Servicemember.

CALCULATION OF LEAVE

Eligible employees can take up to 12 weeks (26 weeks to care for injured or ill Servicemembers) during a 12 month period under the FMLA. The leave may be in consecutive weeks or intermittently, but it may not exceed 12 weeks (26 weeks to care for injured or ill Servicemembers) over a rolling 12-month period. The 12-month period shall be measured starting from the date an employee first uses FMLA leave in accordance with this directive.

FMLA LEAVE PROCEDURES

1. Employees wishing to use FMLA leave must submit a completed Warren County Sheriff's Office Family and Medical Leave Request Form (A-14) to the Sheriff.
2. Employees requesting FMLA leave due to a serious health condition, or to care for an immediate family member with a serious health condition, must submit the appropriate U.S. Department of Labor Certification form. This form should be completed by a physician and returned to the Sheriff within 15 calendar days. U.S. Department of Labor FMLA forms are available in Administration.
3. Periodic reports and additional physician certifications may also be required during leave relating to serious health conditions. The Sheriff's Office may, at its own expense, require a second (or third) opinion regarding a medical certification. Employees failing to provide timely certification may risk having leave benefits delayed or denied.
4. Employees requesting FMLA leave for reasons other than a serious health condition, or to care for an immediate family member with a serious health condition, must submit the appropriate U.S. Department of Labor Certification form. U.S. Department of Labor FMLA forms are available in Administration.
5. Employees must use all accrued leave prior to the approval of unpaid FMLA leave for requests due to the employee's own serious health condition. When paid leave is used for an approved FMLA covered reason, the leave is FMLA protected.
6. Employees must use all accrued vacation leave, personal leave, holiday leave, and benefit day leave prior to the approval of unpaid FMLA leave for requests due to a reason, other than, the employee's own serious health condition. When paid leave is used for an approved FMLA covered reason, the leave is FMLA protected.
7. Employees do not automatically receive FMLA leave during a leave of absence from employment. FMLA leave must be requested in writing in accordance with this directive.
8. Employees will receive notification from the Sheriff within five business days of receiving completed certifications. The notification will specify whether the FMLA leave was approved, or reason for denial, as applicable.
9. Employees may be subject to disciplinary sanctions, up to and including termination, if the employee knowingly provides false information to receive, or continue, benefits under FMLA.

EMPLOYEE STATUS AND BENEFITS

1. The County will continue an employee's health benefits during the period of FMLA leave, at the same

PUBLIC SAFETY DIVISION

level and under the same conditions, as if the employee had continued to work, provided the employee continues to pay his or her portion of the health care premiums.

2. While on paid leave (i.e. using sick leave in conjunction with FMLA leave), the County will continue to complete payroll deductions to collect the employee's share of health insurance premiums. While on unpaid FMLA leave, the employee must make payments for their portion of health insurance premiums to the Warren County Treasurer. The payments must be received by the 15th day of each month. Health insurance coverage will be terminated if these payments are not received by the 30th of each month.

NOTE: The County's Benefit Broker will provide 15 days' notice prior to the employee's loss of coverage.

3. The County will require the employee reimburse the amount the County paid for the employee's health insurance premiums during the period of unpaid leave if the employee chooses not to return to work for reasons other than; a continued serious health condition of the employee, continued care of an immediate family member with a serious health condition, or a circumstance beyond the employee's control.

RETURNING TO WORK

1. Employment restoration is guaranteed for up to 12 weeks of approved FMLA leave, except under certain circumstances as provided by law.

2. Employees returning to work following FMLA leave will return to their original position, on the same shift/work schedule, retaining salary, benefits, and all other terms of employment.

3. Employees returning to work following FMLA leave relating to their own serious health condition must submit documentation from a physician affirming their ability to perform all essential functions for their position and adequate fitness for duty.

4. Proceedings under New York State Civil Service Law Sections 71 or 73 may be initiated if an employee fails to return to work following the expiration of FMLA leave.



WARREN COUNTY SHERIFF'S OFFICE

1400 STATE ROUTE 9
LAKE GEORGE, NY 12845
(518) 743-2500



FAMILY AND MEDICAL LEAVE REQUEST FORM

I, _____, an employee of the Warren County Sheriff's Office, am requesting a leave pursuant to the provisions outlined in the Family and Medical Leave Act.

I am requesting leave for:

1. The birth of a child or to care for/bond with a newborn.
2. Placement of a child for adoption/foster care or to care for/bond with a newly placed child.
3. Care for family member with a serious health condition. [circle one: spouse - child - parent]
4. My inability work due to a serious health condition.
5. A qualifying military exigency.
6. The care of an injured or ill Servicemember.

If box 3 or 4 is checked, a U.S. Department of Labor certification form must be completed by a physician.

Leave Start Date: _____

Anticipated Return Date: _____

Employee Signature: _____
Signature *Date*

Sheriff Signature: _____
Signature *Date*

Director of Human Resources: _____
Signature *Date*

- Please note a 426 must accompany this request -

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Sheriff

DATE: March 22, 2021

(a) **Purpose of Amendment:** Amend County Budget to reflect appropriate revenues and expenses for the second half of the School Resource Officer contracts.

(b) **Appropriation Code, Object Code, Full Title and Amount:**

A.3120.1001 130 Sheriff's SRO's - Salaries Part Time (Hadley-Luzerne)	\$40,409
A.3120.1001 830 Sheriff's SRO's - Social Security (Hadley-Luzerne)	\$2,505
A.3120.1001 831 Sheriff's SRO's - Medicare (Hadley-Luzerne)	\$586

A.3120.1002 130 Sheriff's SRO's - Salaries Part Time (Queensbury)	\$15,560
A.3120.1002 830 Sheriff's SRO's - Social Security (Queensbury)	\$965
A.3120.1002 831 Sheriff's SRO's - Medicare (Queensbury)	\$225

A.3110.1002 110 Sheriff's Law Enforcement - Salaries Regular (Qby)	\$24,849
A.3110.1002 830 Sheriff's Law Enforcement - Social Security (Qby)	\$1,541
A.3110.1002 831 Sheriff's Law Enforcement - Medicare (Qby)	\$360

A.3120.1003 130 Sheriff's SRO's - Salaries Part Time (North Warren)	\$13,934
A.3120.1003 830 Sheriff's SRO's - Social Security (North Warren)	\$864
A.3120.1003 831 Sheriff's SRO's - Medicare (North Warren)	\$202

A.3120.1004 130 Sheriff's SRO's - Salaries Part Time (Lake George)	\$31,120
A.3120.1004 830 Sheriff's SRO's - Social Security (Lake George)	\$1,929
A.3120.1004 831 Sheriff's SRO's - Medicare (Lake George)	\$451

A.3120.1005 130 Sheriff's SRO's - Salaries Part Time (Bolton)	\$15,560
A.3120.1005 830 Sheriff's SRO's - Social Security (Bolton)	\$965
A.3120.1005 831 Sheriff's SRO's - Medicare (Bolton)	\$225

A.3120.1006 130 Sheriff's SRO's - Salaries Part Time (Johnsburg)	\$15,560
A.3120.1006 830 Sheriff's SRO's - Social Security (Johnsburg)	\$965
A.3120.1006 831 Sheriff's SRO's - Medicare (Johnsburg)	\$225

(c) **Revenue Code (with title), and amount:**

A.3120.1001 2260 Sheriff's SRO's - Other Govt (Hadley-Luzerne)	\$43,500
A.3120.1002 2260 Sheriff's SRO's - Other Govt (Queensbury)	\$43,500
A.3120.1003 2260 Sheriff's SRO's - Other Govt (North Warren)	\$15,000
A.3120.1004 2260 Sheriff's SRO's - Other Govt (Lake George)	\$33,500
A.3120.1005 2260 Sheriff's SRO's - Other Govt (Bolton)	\$16,750
A.3120.1006 2260 Sheriff's SRO's - Other Govt (Johnsburg)	\$16,750

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 #1 Base Salary of Position: \$101,802 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: 9088/Stockdale Date of Vacancy: March 29, 2021
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.

POJ 3/17/21

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 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/22/21

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 _____ Date 3/23/2021

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 #4 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 Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 8882/Webster Date of Vacancy: March 22, 2021
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. See 3/17/21

Human Resources Director has approved this form when initialed. RS 3/17/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/22/21

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 3/23/2021

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 #11 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 Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9124/Riley Date of Vacancy: Upon Retirement
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. PO 3/17/21
Human Resources Director has approved this form when initialed. AP 3/17/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 3/22/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee County 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 3/23/2021

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 #TBD Base Salary of Position: \$77,519 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: TBD Date of Vacancy: March 29, 2021
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 [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/22/21

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 3/23/2021

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 Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: TBD Date of Vacancy: March 29, 2021
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. 03/11/21
Human Resources Director has approved this form when initialed. 12/3/17/21 3/11/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 3/22/21

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 3/23/2021

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 Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: TBD Date of Vacancy: March 22, 2021
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. 3/17/21
Human Resources Director has approved this form when initialed. 3/17/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 3/22/21

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 3/23/2021

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 Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: TBD Date of Vacancy: TBD
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. AP 3/17/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E Thomas Date 3/22/21

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 J. Diamond approved Date 3/24/21
Verbally (S)

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 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 Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 9116/Lail Date of Vacancy: March 29, 2021
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. AP 3/17/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature [Signature] Date 3/22/21

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/22/21

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 3/23/2021