



**PERSONNEL COMMITTEE**

**December 4, 2014 – 11:30 A.M.**

**Personnel Committee Members**

**Ira Steingart, Chair  
Kitty Vetter, Vice Chair  
Kathy LaBuda  
Jonathan Rouis  
Cindy Kurpil Gieger**

**AGENDA**

**REPORTS:**

1. Human Rights – Monthly Report

**DEPARTMENTS:**

1. Personnel
2. Risk Management and Insurance

**DISCUSSION: None**

**RESOLUTIONS:**

1. **To Amend Resolution No. 310-14 Setting the Appropriate Effective Date for the Creation of the Senior Typist Position at Public Health Services.**
2. **To Reclassify a Position in the Probation Department.**

**PUBLIC COMMENT:**

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Joshua Potosek, County Manager

**Re:** Request for Consideration of a Resolution: Amend Resolution No. 310-14

**Date:** March 6, 2014

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

To Amend Resolution No. 310-14 Setting the Appropriate Effective Date for the Creation of the Senior Typist Position at Public Health Services.

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**Is subject of Resolution mandated? Explain:**

No

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**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

Amount to be authorized by Resolution: \$ 1,168.56

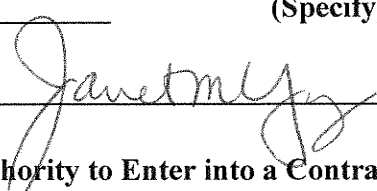
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): 4010-206-10-1011

If "No", specify proposed source of funds: \_\_\_\_\_

**Estimated Cost Breakdown by Source:**

County	\$ <u>1,168.56</u>	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** 

**Does Resolution request Authority to Enter into a Contract? Yes  No**

**If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.**

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

\_\_\_\_\_

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

\_\_\_\_\_  
\_\_\_\_\_

Efforts made to share costs with another agency or governmental entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

\_\_\_\_\_ NA \_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

**Pre-Legislative Approvals:**

- A. <sup>Assistant</sup> Director of Purchasing: Angela Seuss Date 12/2/14
- B. Management and Budget: Jamie Myz Date 12/2/14
- C. Law Department: S. Yeager Date 12/2/14
- D. County Manager: John [unclear] Date 12/2/14
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in Personnel Committee on 12/04/2014

**RESOLUTION INTRODUCED BY THE PERSONNEL COMMITTEE TO AMEND  
RESOLUTION NO 310-14 SETTING THE APPROPRIATE EFFECTIVE DATE FOR  
THE CREATION OF THE SENIOR TYPIST POSITION AT PUBLIC HEALTH  
SERVICES**

**WHEREAS**, resolution 310 of 2014 abolished an Account Clerk position and created a Senior Typist position at Public Health Services effective August 21, 2014, and

**WHEREAS**, the employee in the Account Clerk position had been performing the duties of a Senior Typist since April 14, 2014, and

**WHEREAS**, there is a need to amend Resolution No. 310-14 to make April 14, 2014 the effective date of the creation of the Senior Typist position.

**NOW, THEREFORE, BE IT RESOLVED**, that Resolution No. 310-14 is amended to establish the effective date of the creation of the Senior Typist position at Public Health Services to April 14, 2014.

**COMBINED: LEGISLATIVE MEMORANDUM,  
CERTIFICATE OF AVAILABILITY OF FUNDS  
AND RESOLUTION COVER MEMO**

**To:** Sullivan County Legislature

**Fr:** Jeffrey Mulinelli, Director of Probation II

**Re:** Request for Consideration of a Resolution: Reclassify a Position in the Probation Department

**Date:** 11/25/14

**Purpose of Resolution:** [Provide a detailed statement of what the Resolution will accomplish, as well as a justification for approval by the Sullivan County Legislature.]

State mandates/requirements concerning the supervision and transfer of Probationers have increased and become more intricate. Specialized knowledge is required to ensure proper application and functioning of these programs (Caseload Explorer, Integrated Probationer Registrant System). The Probation Department is unable to function without the use of these programs. (see attached)

**Is subject of Resolution mandated? Explain:**

Use of Probation Caseload Explorer programs and Registrant systems are mandated by NYS Division of Criminal Justice Services (DCJS).

**Does Resolution require expenditure of funds? Yes  No**

**If "Yes, provide the following information:**

Amount to be authorized by Resolution: \$ 3,322.56

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): 10-1011 - (2014 funds available)

If "No", specify proposed source of funds \_\_\_\_\_ (Needs to be budgeted for 2015)

**Estimated Cost Breakdown by Source:**

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	_____

**Verified by Budget Office:** Janet Myer

**Does Resolution request Authority to Enter into a Contract? Yes  No**

**If "Yes", provide information requested on Pages 2. If "NO", please go straight to Page 3 and acquire all pre-legislative approvals.**

Request for Authority to Enter into Contract with [ \_\_\_\_\_ ] of  
[ \_\_\_\_\_ ]

Nature of Other Party to Contract: .

Other:

Duration of Contract: From \_\_\_\_\_ To \_\_\_\_\_

Is this a renewal of a prior Contract? Yes \_\_\_ No \_\_\_

If "Yes" provide the following information:

Dates of prior contract(s): From \_\_\_\_\_ To \_\_\_\_\_

Amount authorized by prior contract(s): \_\_\_\_\_

Resolutions authorizing prior contracts (Resolution #s): \_\_\_\_\_

Future Renewal Options if any:

Is Subject of Contract – i.e. – the goods and/or services Mandated? Yes \_\_\_ No \_\_\_

If "Yes" cite the mandate's source; describe how this contract satisfies the requirements:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If "No" provide other justification for County to enter into this Contract: [County does not have resources in-house, best source of the subject materials, required by grant, etc.]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Contract Cost for [year or contract period]: (If specific sum is not known state maximum potential cost): \_\_\_\_\_

Efforts made to find Less Costly alternative:

\_\_\_\_\_  
\_\_\_\_\_

Efforts made to share costs with another agency or governmental entity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify Compliance with Procurement Procedures (Bid, Request for Proposal, Quote, etc.)

NA  
\_\_\_\_\_

Person(s) responsible for monitoring contract (Title): \_\_\_\_\_

Pre-Legislative Approvals:

- A. <sup>Assistant</sup> Director of Purchasing: Alyson Lewis Date 12/2/14
- B. Management and Budget: Janet Myers Date 12/2/14
- C. Law Department: S. Yorgens Date 12/2/14
- D. County Manager: JL Paul Date 12/2/14
- E. Other as Required: \_\_\_\_\_ Date \_\_\_\_\_

Vetted in \_\_\_\_\_ Committee on \_\_\_\_\_



Resolution No. \_\_\_\_\_

**RESOLUTION INTRODUCED BY THE PERSONNEL COMMITTEE TO  
RECLASSIFY A POSITION IN THE PROBATION DEPARTMENT**

**WHEREAS**, there is currently a position in the Probation Department designated as Probation Officer, and

**WHEREAS**, the Director of Probation has advised that some of the duties assigned to this person (position #899) are above her current title of Probation Officer, and

**WHEREAS**, the Director of Probation feels the title should be reclassified to Senior Probation Officer, which encompasses her current duties and meets the needs of the Probation Department,

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the reclassification of position #899 in the Probation Department from Probation Officer to Senior Probation Officer.

**Moved by**  
**Seconded by**  
**Adopted on motion**