



PERSONNEL COMMITTEE

July 6, 2017 – 12:00 P.M.

Personnel Committee Members

**Nadia Rajsz, Chair
Scott Samuelson, Vice Chair
Alan Sorensen
Ira Steingart
Catherine Owens**

AGENDA

DEPARTMENTS:

1. Personnel
2. Risk Management and Insurance

DISCUSSION: None

RESOLUTIONS:

1. To reclassify the title of Senior Typist to Legal Secretary in the Sullivan County District Attorney's Office.
2. To reclassify a Receptionist position in the Department of Public Health Services to a Senior Typist.
3. Authorizing the County Manager to enter into a Contract Modification for the purposes of formally clarifying department policy allowing flex time for the Department of Probation.
4. To Adopt an "Unnecessary Callout Prevention Incentives Program" at the Adult Care Center.

PUBLIC COMMENT:

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL
COMMITTEE TO RECLASSIFY THE TITLE OF SENIOR TYPIST TO LEGAL
SECRETARY IN THE SULLIVAN COUNTY DISTRICT ATTORNEY’S OFFICE**

WHEREAS, there is currently a position in the Sullivan County District Attorney’s Office designated as Senior Typist, #60; and

WHEREAS, a job classification questionnaire was filled out by the incumbent employee filling the position and it has been determined by the Personnel Officer that the said employee is currently assigned duties that are above the current title of Senior Typist; and

WHEREAS, the incumbent has held this position since being hired on February 1, 2016, and is working out of title and is performing the job duties and responsibilities of Legal Secretary and is performing those duties with distinction; and

WHEREAS, the District Attorney, based upon a review of the employee’s current duties and current capabilities, requests that the title of Senior Typist, #60 be reclassified to Legal Secretary, which will properly reflect the employee’s current duties and responsibilities and meet the needs of the District Attorney’s office;

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature does hereby authorize the reclassification of position #60 in the Sullivan County District Attorney’s office from Senior Typist to Legal Secretary.

**Moved by seconded by , put to a vote, unanimously carried
and declared duly adopted on motion**

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

To: Sullivan County Legislature

Fr: James R. Farrell, District Attorney

Re: Request for Consideration of a Resolution: Reclassify the title of Senior Typist to Legal Secretary

Date: 06/06/2017

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 reclassify the title of Senior Typist to Legal Secretary

Is subject of Resolution mandated? Explain:

Reclassification of job title.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 2,830

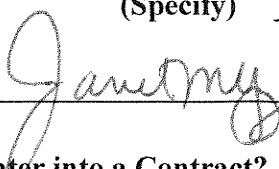
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: Funds available from vacancies

Estimated Cost Breakdown by Source:

County	\$ _____	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.)

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Allyson Lewis Date 7/5/17
- B. Management and Budget: Jamie Myers Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
RECLASSIFY A POSITION IN THE DEPARTMENT OF PUBLIC HEALTH SERVICES**

WHEREAS, position # 716 is currently designated as Receptionist in the Department of Public Health Services; and

WHEREAS, a job classification questionnaire was completed by said employee and her supervisor and it has been determined by the Personnel Officer that the said employee is currently assigned some duties that are above her current title of Receptionist; and

WHEREAS, it is necessary to reclassify position #716 to Senior Typist to handle the existing work volume in the Department and make efficient use of this position; and

WHEREAS, the Director of Public Health recommends, after discussion with the Personnel Officer, that position #716 should be reclassified to Senior Typist, and the incumbent is eligible to be appointed from the Certified list for Senior Typist.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the reclassification of position # 716 in the Department of Public Health Services from Receptionist to Senior Typist effectively immediately.

**Moved by
Seconded by
and declared duly adopted on motion**

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

To: Sullivan County Legislature

Fr: Nancy McGraw, Public Health Director

Re: Request for Consideration of a Resolution: To reclassify a position

Date: June 26, 2017

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 reclassify the Receptionist position to Senior Typist to reflect current duties and the reassignment of additional duties to meet additional workload needs of the department. Costs are funded by Article 6 State Aid and grant money. (Note: the 2017 projected cost of the upgraded wage plus benefits is \$55,474, which is \$3,950 greater than the wage & benefits currently budgeted for the position.

Is subject of Resolution mandated? Explain:

N/A

Does Resolution require expenditure of funds? Yes No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ 55,474.00

Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A-4010-206-10-1011, A4010-206-8001-8007

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ <u>35,673.00</u>
State	\$ <u>19,801.00</u>	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.)

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- Assistant*
A. Director of Purchasing: Alison Lewis Date 6/28/17
B. Management and Budget: [Signature] Date 6/28/17
C. Law Department: [Signature] Date 6/28/17
D. County Manager: [Signature] Date 7/5/17
E. Commissioner: [Signature] Date 6/28/17

Vetted in _____ Committee on _____

RESOLUTION NO. INTRODUCED BY PERSONEL COMMITTEE AUTHORIZING THE COUNTY MANAGER TO ENTER INTO A CONTRACT MODIFICATION

WHEREAS, Sullivan County has worked over the years to correct compensation and contract language to remain competitive and comparative with other counties Probation Departments; and

WHEREAS, Sullivan County recognizes the unique challenges that face the probation department separating it away and aside from other departments and divisions covered by the same or different unions; and

WHEREAS, the work of the Probation Department often require Probation Officers the need to flex their schedule to accommodate the needs of the department or to accommodate the schedules of the employees without impacting department staffing or goals; and

WHEREAS, other Probation departments in our labor market area offer Probation Officers the ability to flex their schedule with prior written notice from the Director of Probation; and

WHEREAS, tracking, limited pre-approved flex scheduling is easily recordable through the County's time management software.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manger to enter into a contract modification for the purposes of formally clarifying department policy allowing flex time for the Department of Probation Officers. This policy shall only be authorized through the Director of Probation for Probation Officers not to exceed 2 hours a week for personal reasons and shall further authorize the Director of Probation to allow for work outside of the contracted work week for Probation Officers when said work duties fall outside of the contract prescribed work week, where said time worked can be flexed within the work week in which it is earned.

BE IT FURTHER, RESOLVED, that the County Manager's office execute said amendment at the time in which the Officers of the Probation Department create a separate bargaining unit specifically for Probation as they have expressed interest in doing and with which we agree.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: Daniel Depew, Deputy County Manager

Re: Request for Consideration of a Resolution: To enter a contract modification

Date: July 3, 2017

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 authorize the County Manager to enter into a Contract Modification

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: _____

Estimated Cost Breakdown by Source:

County \$ _____ **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.)

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. Director of Purchasing: ^{Assistant} Amyson Lewis Date 7/5/17
- B. Management and Budget: Janet Myong Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Commissioner: _____ Date _____

Vetted in _____ Committee on _____

RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO ADOPT AN “UNNECESSARY CALLOUT PREVENTION INCENTIVES PROGRAM”.

WHEREAS, the Sullivan County Adult Care Center (“ACC”) is set aside as a unique county facility in that it operates 24 hours a day yearlong with the primary objective being to care for elderly patients and residents who in many cases represent some of Sullivan County’s most vulnerable; and

WHEREAS, there have been difficulties in both maintaining staffing levels to meet the county’s operational staffing goals during certain shifts throughout the schedule; and

WHEREAS, the Acting Director of the ACC and the Commissioner of Health and Family Services recommend that employees be incentivized to prevent unplanned call outs which from time to time jeopardize the county’s staffing level goals; and

WHEREAS, the county has determined that unplanned call outs are anytime in which an employee calls out without providing 4 days prior notice and that a pattern of doing so would be more than 2 days a quarter; and

WHEREAS, such unplanned callouts result in overtime, shift mandates and other costs to the county;

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes the County Manger to enter into an amendment of the contract with Teamsters Local 445 representing employees at the ACC to offer an incentive to help prevent unplanned call outs or absences. The amendment shall allow for compensation through a stipend on a quarterly basis of \$250 dollars for support, maintenance and culinary staff; and \$400 for Registered Nursing staff and Licensed Practical Nursing staff. Said agreement will also require that eligibility for this stipend be dependent on the fact that an employee cannot have more than 2 unscheduled call outs in a quarter as defined above; and

BE IT FURTHER RESOLVED, that the employee units that agree to this amendment also agree that employees who miss more than two days of work are required to bring in a doctor’s note, and employees who miss two days of work or more without contacting a supervisor will be subject to discipline which can include termination for job abandonment.

BE IT FURTHER, RESOLVED, that the Sullivan County Legislature hereby agrees to offer this program for a period not to exceed 2 years from its implementation. At which time the program will end without further legislative approval.

Moved by _____,
Seconded by _____,
and adopted on motion _____, 2017.

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

To: Sullivan County Legislature

Fr: Daniel Depew, Deputy County Manager

Re: Request for Consideration of a Resolution: To adopt a Program for ACC

Date: 07/03/2017

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 adopt an "Unnecessary Callout Prevention Incentives Program" at the Adult Care Center

Is subject of Resolution mandated? Explain:

No

Does Resolution require expenditure of funds? Yes ___ No

If "Yes, provide the following information:

Amount to be authorized by Resolution: \$ _____

Are funds already budgeted? Yes ___ No ___

If "Yes" specify appropriation code(s): _____

If "No", specify proposed source of funds: Cost would be covered by

Estimated Cost Breakdown by Source: Savings in overtime

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

Person(s) responsible for monitoring contract (Title): _____

Pre-Legislative Approvals:

- A. ^{Assistant} Director of Purchasing: Angen Lewis Date 7/5/17
- B. Management and Budget: Janetmy Date 7/5/17
- C. Law Department: [Signature] Date 7/5/17
- D. County Manager: [Signature] Date 7/5/17
- E. Other as Required: _____ Date _____

Vetted in Personnel Committee Committee on 07/06/2017