



PERSONNEL COMMITTEE

August 3, 2017 – 12:00 P.M.

Personnel Committee Members

**Nadia Rajs, 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 a Senior Account Clerk to a Senior Account Clerk/Typist in the Department of Family Services.
2. To create a new position in the County Clerk's Office.
3. To increase the salary of an Addictions Services Counselor III in the Department of Community Services.
4. To abolish and create a position within the Sullivan County Adult Care Center.

PUBLIC COMMENT:

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO RECLASSIFY A
SENIOR ACCOUNT CLERK TO A SENIOR ACCOUNT CLERK/TYPIST IN THE DEPARTMENT OF
FAMILY SERVICES**

WHEREAS, the Special Investigations Unit (SIU) of the Department of Family Services investigates suspected fraud and abuse of benefits by recipients as well as investigating internal affairs; and

WHEREAS, SIU is responsible for the preparation of Investigative Summaries and Dictations, Legal Forms for various matters and many other documents pertaining to their investigations; and

WHEREAS, due to the typing responsibilities increasing over the past several years as SIU's productivity has increased, there is a need for a Senior Account Clerk/Typist to prepare the above mentioned documents; and

NOW, THEREFORE, BE IT RESOLVED, that the Senior Account Clerk, Budget Position #2492 will be reclassified to the title of Senior Account Clerk/Typist in the Department of Family Services.

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: Joseph A. Todora, Commissioner

Re: Request for Consideration of a Resolution: Upgrade a Senior Account Clerk to Senior Account Clerk/Typist

Date: 8/3/2017

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 upgrade a Senior Account Clerk to Senior Account Clerk/Typist due to the increased needs of the Special Investigations Unit of Department of Family Services

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: \$ 858.00

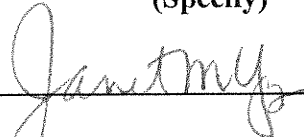
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): 6010-55-10-1011 - Amount authorized is for upgrade

If "No", specify proposed source of funds: Position has been vacant

Estimated Cost Breakdown by Source:

County	<u>\$395.00</u>	Grant(s)	<u>\$</u>
State	<u>\$</u>	Other	<u>\$</u>
Federal Government	<u>\$463.00</u>	(Specify)	<u></u>

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: Amerson Lewis Date 7/31/17
- B. Management and Budget: Janet Myers Date 7/31/17
- C. Law Department: [Signature] Date 8/1/17
- D. County Manager: [Signature] Date 8/1/17
- E. Commissioner: [Signature] Date 7/24/17

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY THE PERSONNEL COMMITTEE TO
CREATE A NEW POSITION IN THE COUNTY CLERK'S OFFICE**

WHEREAS, the Sullivan County Clerk has reviewed the staffing needs of the County Clerk's Office and has requested the creation of an additional County Clerk Worker I position;
and

WHEREAS, the creation of an additional County Clerk Worker I position will help ensure the continued service to the public in a timely manner and eliminate a need for excessive overtime.

NOW THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby creates a new position of County Clerk Worker I in the County Clerk's Office.

Moved by
Seconded by

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

To: Sullivan County Legislature

Fr: Daniel L. Briggs, Sullivan County Clerk

Re: Request for Consideration of a Resolution: To create an additional position of County Clerk Worker I in the County Clerk's Office-DMV

Date: July 19, 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 create the position of County Clerk Worker I for the Department of Motor Vehicles. The additional position will help ensure the continued service to the public in a timely manner and eliminate the need for excessive overtime.

Is subject of Resolution mandated? Explain:

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 51,568.00-entry / 53,076.00-full

Are funds already budgeted? Yes No

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

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

Estimated Cost Breakdown by Source:

County	\$ 51,568.00 / 53,076.00	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. Director of Purchasing: Amyson Lewis Date 7/31/17
- B. Management and Budget: Janet Myggy Date 7/31/17
- C. Law Department: _____ Date 8/1/17
- D. County Manager: [Signature] Date 8/1/17
- E. Other as Required: _____ Date _____

Vetted in _____ Committee on _____

Resolution No. _____

RESOLUTION INTRODUCED BY THE PERSONNEL COMMITTEE.

RESOLUTION TO INCREASE THE SALARY OF AN ADDICTIONS SERVICES COUNSELOR III IN THE DEPARTMENT OF COMMUNITY SERVICES.

WHEREAS, as a result of some programmatic and operation changes in the Department of Community Services, there is a need to update and upgrade the duties being performed by the Addiction Services Counselor III; and

WHEREAS, these additional duties and responsibilities require that the employee performing these functions be compensated by an increase in the salary of Addictions Services Counselor III in the Department of Community Services; and

WHEREAS, this matter has been discussed with the Business Agent for the Teamsters Local 445, International Brotherhood of Teamsters (hereinafter "Teamsters"); and

WHEREAS, the County and the Union have agreed that this position should be reallocated on the Teamsters' salary schedule from a Grade IX to a Grade X; and

NOW, THEREFORE, BE IT RESOLVED, the annual salary of an Addictions Services Counselor III be set as a Grade X on the Teamsters Salary Schedule and is effective June 1, 2017.

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: Joseph A. Todora, MSW, LMSW; Commissioner/Director

Re: Request for Consideration of a Resolution: An increase in Salary for an Addictions

Date: 6/8/2017

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.]

Increase the salary of an Addictions Services Counselor III from a Grade IX to a Grade X.

Is subject of Resolution mandated? Explain:

No, but it is a critical component for the Department of Community Services to serve clients with alcohol and substance abuse services.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 3,085.00

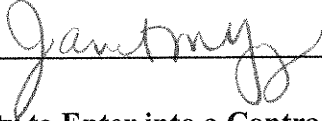
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): A4220

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

Estimated Cost Breakdown by Source:

County	\$ _____	Grant(s)	\$ _____
State	\$ _____	Other	\$ _____
Federal Government	\$ _____	(Specify)	<u>Medicaid, Medicare & Other</u>

Verified by Budget Office: 

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

If "Yes", provide information requested on Pages 2 and 3.

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:

The operation of the Behavioral Health Clinic requires supervisors to sign off on all individual treatment plans.

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:

N/A

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

Person(s) responsible for monitoring contract (Title): Commissioner/Director

Pre-Legislative Approvals:

- A. Director of Purchasing: Angon Lewis Date 7/31/17
- B. Management and Budget: Janetmyz Date 7/31/17
- C. Law Department: [Signature] Date 8/1/17
- D. County Manager: [Signature] Date 8/1/17
- E. Other as Required: [Signature] Date 7/10/17

Vetted in _____ Committee on _____

**RESOLUTION NO. INTRODUCED BY PERSONNEL COMMITTEE TO
ABOLISH AND CREATE A POSTION WITHIN THE SULIVAN COUNTY ADULT
CARE CENTER.**

WHEREAS, there is a need to create a full-time Adult Care Center Program Coordinator position to oversee infection control, employee health and in-service training within the Adult Care Center; and

WHEREAS, this full time position requires that the incumbent be a Registered Nurse with several years of relevant experience; and

WHEREAS, the Acting Administrator of the Adult Care Center has requested that a Registered Nurse position within the facility #2660 be abolished and a new position of Adult Care Center Program Coordinator be created and filled; and

WHEREAS, the Personnel Officer has determined that the new position complies with Civil Service rules and regulations.

NOW, THEREFORE, BE IT RESOLVED, that the Sullivan County Legislature hereby authorizes abolishing position number 2660 Registered Nurse and creating and filling of a new position Adult Care Center Program Coordinator in the Sullivan County Adult Care Center.

Moved by _____ ,
Seconded by _____ ,
Declared duly adopted on motion _____ , 2017

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

To: Sullivan County Legislature

Fr: Susan Southerton, Acting Administrator
Sullivan County Adult Care Center

Re: Request for Consideration of a Resolution: Abolish and Create a position

Date: 7/17/17

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 abolish a full time Registered Nurse, position No. 2660, within the Sullivan County Adult Care Center and create and fill a full time Program Coordinator position. The Program Coordinator will oversee infection control and employee health within the Adult Care Center as well as in-service training

Is subject of Resolution mandated? Explain:

No, but required to ensure the continued health of the facility and compliance with employee vaccinations and testing as required by the NYSDOH.

Does Resolution require expenditure of funds? Yes No

If "Yes", provide the following information:

Amount to be authorized by Resolution: \$ 59,746.00

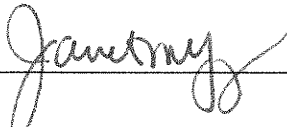
Are funds already budgeted? Yes No

If "Yes" specify appropriation code(s): \$54,182 from E6020-61-101011 and

If "No", specify proposed source of funds: \$5,564 from E6020-81-101011

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: Hanson Lewis Date 7/31/17
- B. Management and Budget: Janetmy Date 7/31/17
- C. Law Department: [Signature] Date 8/1/17
- D. County Manager: [Signature] Date 8/1/17
- E. Other as Required: [Signature] Date 7/17/17

Vetted in _____ Committee on _____