



**PERSONNEL COMMITTEE**

May 7, 2015 – 12:15 P.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 reclassify a position in the Sullivan County Office for the Aging.
2. Extending additional benefits to all Employees of Sullivan County who have been and will be called to Active Military Duty.
3. To amend Resolution No. 3-15 to continue the Temporary Part-Time Personnel/Payroll Technician for an additional 90 Days.

**PUBLIC COMMENT:**

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

**To:** Sullivan County Legislature

**Fr:** Deborah E. Allen, Director, Office for the Aging

**Re:** Request for Consideration of a Resolution: Reclassify Position

**Date:** 4/23/2015

**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.]

Reclassification of position #2281, Receptionist, to Aging Services Aide.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \$ 3,376.00

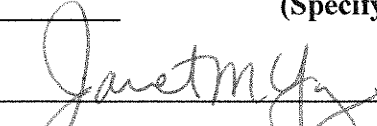
Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): increase in salary -retro to 7/29/2014

If "No", specify proposed source of funds: Contingency Fund

**Estimated Cost Breakdown by Source:**

County	\$ <u>0.00</u> <u>3376</u>	Grant(s)	\$ <u>0.00</u>
State	\$ _____	Other	\$ <u>0.00</u>
Federal Government	\$ _____	(Specify) f	_____

**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 [ \_\_\_\_\_ t. \_\_\_\_\_ ] 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.)

N/A

Person(s) responsible for monitoring contract (Title): Deborah E. Allen, Director/OFA

Pre-Legislative Approvals:

- Assistant*  
A. Director of Purchasing: *Carson Seuss* Date *5/4/15*  
B. Management and Budget: *Janet Myz* Date *5/5/15*  
C. Law Department: *S. Gausser* Date *5/5/15*  
D. County Manager: *John P. [Signature]* Date *5/5/15*  
E. Other as Required: *[Signature]* Date *5/5/15*

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

**Resolution No.**

**RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE TO RECLASSIFY A POSITION IN THE SULLIVAN COUNTY OFFICE FOR THE AGING**

**WHEREAS**, there is currently a position in the Sullivan County Office for the Aging designated as Receptionist, and

**WHEREAS**, a job classification questionnaire was filled out by said employee 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**, the Director of the Office for the Aging feels that the title should be reclassified to Aging Services Aide, which will encompasses her current duties and meet the needs of the Office for the Aging.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby authorizes the reclassification of position #2281 in the Sullivan County Office for the Aging from Receptionist to Aging Services Aide retroactive to July 29, 2014.

**Moved by \_\_\_\_\_,**  
**Seconded by \_\_\_\_\_,**  
**and adopted on motion \_\_\_\_\_, 2015.**

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

**To:** Sullivan County Legislature

**Fr:** Lynda G. Levine, Director of Human Resources/Personnel Officer

**Re:** Request for Consideration of a Resolution: To Extend Benefits for Active Military Duty employees

**Date:** April 30, 2015

**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.]

Resolution Extending Additional Benefits to all employees of Sullivan County who have been and will be called to Active Military Duty

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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:** \$ will vary

**Are funds already budgeted? Yes  No**

**If "Yes" specify appropriation code(s):** various

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

**Estimated Cost Breakdown by Source:**

County \$ \_\_\_\_\_ Grant(s) \$ \_\_\_\_\_

State \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Federal Government \$ \_\_\_\_\_ (Specify) \_\_\_\_\_

**Verified by Budget Office:** Janet M. Yzy

**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.)

N/A

Person(s) responsible for monitoring contract (Title): County Manager

**Pre-Legislative Approvals:**

- A. <sup>Assistant Director</sup> Director of Purchasing: Angela Sewer Date 5/4/15
- B. Management and Budget: Janet Myer Date 5/4/15
- C. Law Department: S. Kasauer Date 5/5/15
- D. County Manager: John P. Stovall Date 5/5/15
- E. Other as Required: [Signature] Date 5/5/15

Vetted in Personnel Committee Committee on 04/07/2015



**Resolution No.**

**RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE EXTENDING  
ADDITIONAL BENEFITS TO ALL EMPLOYEES OF SULLIVAN COUNTY WHO  
HAVE BEEN AND WILL BE CALLED TO ACTIVE MILITARY DUTY**

**WHEREAS**, certain County employees serving in the military reserve have been or are liable to be called to active duty (other than for training purposes) and will have been required to interrupt their regular County employment; and

**WHEREAS**, under Section 242 of the New York State Military Law, Reservists and National Guard members are eligible for paid leave while performing ordered military duty for thirty (30) calendar days or twenty-two (22) workdays (whichever provides the greater benefit to the employee) in any calendar year or continuous period of absence which spans more than one calendar year; and

**WHEREAS**, by Resolution 492-06, the County of Sullivan adopted an amendment to the County's Military Leave Policy and Policies for paid and unpaid leave time; and

**WHEREAS**, Sullivan County does wish to continue to extend and grant certain additional benefits to all such employees called to active duty overseas.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature does hereby extend and provide the following additional benefits to employees who have been and will be called to active duty (other than for training purposes) overseas resulting in such an interruption of their regular County employment:

1. Following exhaustion of their leave provided under Section 242 of the New York State Military Law, eligible employees must be granted a total of thirty (30) calendar days or twenty-two (22) workdays (whichever provides the greater benefit to the employee) of supplemental leave with pay. Employees may receive only one such grant of supplemental leave.
2. Effective immediately, employees who are military Reservists and are called to active duty overseas shall be eligible for the following benefits:
  - (a) Upon exhaustion of the military leave pay benefit provided in paragraph 1 above, the difference between their rate of pay prior to their date of activation and compensation they receive as a result of such active duty; and
  - (b) The continuation, at no additional cost, of family health insurance coverage on the same basis as provided to such employees prior to their date of activation.
3. Employees shall continue to accrue entitlement to vacation leave and personal

leave as a result of receiving benefits pursuant to this Agreement.

4. An employee's health benefits shall begin immediately upon the employee's return to their position with the County; and

**BE IT FURTHER RESOLVED**, that the terms of this Resolution shall apply to all County employees.

Moved by \_\_\_\_\_,  
Seconded by \_\_\_\_\_,  
and adopted on motion \_\_\_\_\_, 2015.

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

**To:** Sullivan County Legislature

**Fr:** Lynda G. Levine, Director of Human Resources/Personnel Officer

**Re:** Request for Consideration of a Resolution: To amend Resolution No. 3-15

**Date:** January 8, 2015

**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.]

Resolution to amend Resolution No. 3-15 to continue the temporary Part-time Personnel/ Technician for an additional 90 days.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Change of employment status must be done in a timely manner pursuant to state statute and collective bargaining agreements for processing payroll.

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

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

Amount to be authorized by Resolution: \$ 4,700.00

Are funds already budgeted? Yes  No

If "Yes" specify appropriation code(s): Budgeted through current vacancies

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

**Estimated Cost Breakdown by Source:**

County	\$ <u>4,700.00</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.)

N/A

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

**Pre-Legislative Approvals:**

- Assistant Director*  
A. Director of Purchasing: *[Signature]* Date 5/4/15
- B. Management and Budget: *[Signature]* Date 5/5/15
- C. Law Department: *S. W. [Signature]* Date 5/5/15
- D. County Manager: *[Signature]* Date 5/5/15
- E. Other as Required: *[Signature]* Date 5/5/15

Vetted in Personnel Committee Committee on 04/07/2015

**RESOLUTION INTRODUCED BY PERSONNEL COMMITTEE TO AMEND  
RESOLUTION NO. 3-15 TO CONTINUE THE TEMPORARY PART-TIME  
PERSONNEL/PAYROLL TECHNICIAN FOR AN ADDITIONAL 90 DAYS**

**WHEREAS**, Resolution No. 3-15 adopted on January 22, 2015, authorized the Human Resources Director/Personnel Officer to fill one (1) temporary part-time Personnel/Payroll Technician position be effective January 26, 2015, for a period not to exceed 90 days; and

**WHEREAS**, there is a continued need to extend the term for another 90 days to continue to facilitate the processing of 428's (change of employment status forms) and updating County employment records in PSTEK; and

**NOW, THEREFORE, BE IT RESOLVED**, that the Human Resources Director/Personnel Officer is hereby authorized to continue the one (1) temporary part-time Personnel/Payroll Technician position for an additional time period not to exceed 90 days; and

**BE IT FURTHER RESOLVED**, that the salary for the part-time Personnel/Payroll Technician shall be set at \$23.7942/hour and that the expenditure of funds for this temporary position shall not exceed \$4,700.00 for the additional 90 day extension.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2015.