

Human Resources & Insurance Committee

Wednesday, August 7, 2024 2:30PM 40 McMaster Street, Ballston Spa, NY

Chair: Kevin Tollisen

Members: C. Eric Butler, John Lant, Tom Richardson,

Angela Thompson, Matt Veitch, Mo Wright VC

Agenda

- I. Welcome and Attendance
- I. Approval of the minutes of the June 5, 2024 meeting
- II. Workers Compensation Report
- III. Committee Approval: 2025 Workers Compensation Plan Budget
- IV. Authorizing the acceptance of New York State Healthcare Worker Bonus Program Funds, disbursement of program funds to eligible Saratoga County employees, and amending the 2024 County budget in relation thereto Scot Chamberlain, Human Resources
- V. Amending the Policies and Procedures Manual to revise the Vacation Carryover Policy and process Scot Chamberlain, Human Resources
- VI. Other Business
- VII. Adjournment

Board Meeting August 7, 2024





SARATOGA COUNTY SI PLAN

1423573

PMA Companies - New Claims Workers' Comp Claims By Month

Claims Entered From 06/01/24 To 07/01/24

Location Name	Med Only	Lost Time	Record Only	Total Claims
	1	0	0	1
City of Saratoga Springs-All Other	1	0	0	1
City of Saratoga Springs-Fire Department	1	0	0	1
City of Saratoga Springs-Police Dept	1	1	0	2
City of Saratoga Springs-Public Works	0	1	1	2
Clifton Park Halfmoon Emergency Crp-Paid	0	0	1	1
Saratoga Co-Probation	1	0	0	1
Saratoga Co-Sheriff	2	0	4	6
Saratoga Co-Social Services	1	0	1	2
Town of Clifton Park-All Other	1	1	0	2
Town of Malta-All Other	1	0	0	1
Town of Milton-Public Works	0	1	0	1
Town of Stillwater-Public Works	0	0	1	1
Town of Waterford-All Other	1	0	0	1
Vol Fire-Corinth Vol Fire Association	1	0	0	1
Vol Fire-Vil of South Glens Falls Fire	1	0	0	1
Wilton Emergency Squad-Paid	1	0	0	1
	14	4	8	26

SARATOGA COUNTY SI PLAN

1423573

Total Paid by Location - Workers' Compensation

Payments From 06/01/24 To 07/01/24

Location Name	Medical	Indemnity	Voc Rehab	Expense	Total
City of Mechanicville-Public Works	\$4,814	\$2,922	\$0	\$150	\$7,886
City of Saratoga Springs-All Other	\$2,223	\$369	\$0	\$271	\$2,863
City of Saratoga Springs-Fire Department	\$728	\$1,561	\$0	\$604	\$2,893
City of Saratoga Springs-Police Dept	\$2,740	\$3,399	\$0	\$492	\$6,631
City of Saratoga Springs-Public Works	\$147	\$6,518	\$0	\$410	\$7,074
Clifton Park Halfmoon Emergency Crp-Paid	\$0	\$0	\$0	\$28	\$28
Community Emergency Corps-Paid	\$47	\$0	\$0	\$0	\$47
Malta-Stillwater Ambulance Corps-Paid	\$0	\$0	\$0	\$103	\$103
Malta-Stillwater Ambulance Corps-Voluntr	\$31,848	\$1,600	\$0	\$861	\$34,309
Moreau Emergency Squad-Paid	\$515	\$0	\$0	\$53	\$568
Saratoga Co-Animal Shelter	\$70	\$0	\$0	\$11	\$81
Saratoga Co-Board of Elections	\$0	\$0	\$0	\$103	\$103
Saratoga Co-Maplewood Manor	\$301	\$3,720	\$0	\$323	\$4,344
Saratoga Co-Probation	\$0	\$0	\$0	\$103	\$103
Saratoga Co-Public Works Building/Grnds	\$66	\$4,056	\$0	-\$18	\$4,104
Saratoga Co-Public Works Highway	\$258	\$1,138	\$0	\$248	\$1,644
Saratoga Co-Sewer District	\$765	\$3,272	\$0	\$295	\$4,331
Saratoga Co-Sheriff	\$2,494	\$6,512	\$0	\$5,861	\$14,867
Saratoga Co-Social Services	\$0	\$1,051	\$0	\$0	\$1,051
Schuylerville-Victory Board-Water Mgmt	\$102	\$0	\$0	\$10	\$112
Town of Clifton Park-All Other	\$1,666	\$10,765	\$0	\$495	\$12,925
Town of Corinth-Jessups Landing EMS-Paid	\$0	\$0	\$0	\$103	\$103
Town of Edinburg-All Other	\$0	\$2,194	\$0	\$0	\$2,194
Town of Halfmoon-Public Works	\$238	\$0	\$0	\$29	\$267
Town of Malta-Public Works	\$810	\$2,609	\$0	\$228	\$3,646
Town of Milton-All Other	\$35	\$0	\$0	\$10	\$45
Town of Milton-Public Works	\$67	\$0	\$0	\$16	\$83
Town of Moreau-All Other	\$0	\$0	\$0	\$250	\$250
Town of Northumberland-All Other	\$1,038	\$0	\$0	\$19	\$1,057
Town of Saratoga-All Other	\$402	\$0	\$0	\$15	\$417
Town of Waterford-All Other	\$224	\$0	\$0	\$21	\$245
Town of Waterford-Public Works	\$55	\$0	\$0	\$10	\$65
Town of Wilton-All Other	\$0	\$0	\$0	\$103	\$103
Town of Wilton-Public Works	\$0	\$0	\$0	\$103	\$103
Village of Ballston Spa-All Other	-\$100	\$0	\$0	\$0	-\$100
Village of Ballston Spa-Public Works	\$0	\$1,543	\$0	\$0	\$1,543
Village of Round Lake-Public Works	\$0	\$0	\$0	\$350	\$350
Village of South Glen Falls-Police Dept.	\$17	\$0	\$0	\$13	\$30
Village of Victory-Public Works	\$6	\$0	\$0	\$11	\$18
Vol Fire Dept-Ballston Lake Fire Dept.	\$34	\$533	\$0	\$10	\$577
Vol Fire Dept-Greenfield Fire District	\$263	\$3,548	\$0	\$32	\$3,844
Vol Fire Dept-Mechanicville Fire Dept.	\$881	\$80	\$0	\$197	\$1,158
Vol Fire-Clifton Park-Halfmoon Fire Dep	\$656	\$0	\$0	\$98	\$754
Vol Fire-Clifton Park-Jonesville Fire	\$5,954	\$0	\$0	\$9	\$5,963
Vol Fire-Stillwater-Arvin Hart Fire Co	\$237	\$0	\$0	\$9	\$246
Vol Fire-Vil of Ballston Spa-Union #2	\$6,384	\$0	\$0	\$381	\$6,764
Vol Fire-Vil of South Glens Falls Fire	\$0	\$3,548	\$0	\$0	\$3,548
Vol Fire-Vil of Stillwater-Newland Wood	\$0	\$1,600	\$0	\$0	\$1,600

SARATOGA COUNTY SI PLAN

1423573

Total Paid by Location - Workers' Compensation

Payments From 06/01/24 To 07/01/24

Location Name	Medical	Indemnity	Voc Rehab	Expense	Total
Vol Fire-Vil of Waterford-JW Ford Hose	\$0	\$0	\$0	\$29	\$29
Vol Fire-Vil Schuylerville-Schuyler Hose	\$0	\$4,620	\$0	\$0	\$4,620
Vol Fire-Wilton Fire Dept.	\$579	\$0	\$0	\$88	\$667
Waterford Rescue Squad-Paid	\$0	\$605	\$0	\$0	\$605
Wilton Emergency Squad-Paid	\$282	\$650	\$0	\$52	\$984
	\$66,844	\$68,413	\$0	\$12,587	\$147,844



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator Ridge Harris, Deputy County Administrator George Conway, County Attorney Therese Connolly, Clerk of the Board Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Human Resources

DATE: 7/29/24

COMMITTEE: Human Resources & Insurance

1. Is a Resolution Required:

No, Committee Approval Only

2. Proposed Resolution Title:

2025 Workers Compensation Plan Budget

 Specific Details on what the resolution will authorize:
 Approving the 2025 proposed workers compensation plan budget This column must be completed prior to submission of the request.

County Attorney's Office Consulted No

-

4.	Is a Budget Amendment needed: YES or NO County Administrator's Office Consulted Yes Any budget amendments must have equal and offsetting entries.					
		lease see attachmen Jse ONLY when m	ts for impacted budget lines ore than four lines are impa	cted.)		
	Revenu	ie				
	Accour	nt Number	Account Name	Amount		
	Expens	e				
	Accour	nt Number	Account Name	Amount		
	Fund B	alance (if applicable	e): (Increase = additional re	venue, Decrease = additional expenses)		
	Amou	ınt:				
5.	Ident	tify Budget Impact ((Required):			
	Oth	er				
	a.	G/L line impacte	d			
	b.	Budget year imp	acted			
	c.	Details				
		No impact as fu	unds are included in the 2	025 Workers compensation Budget		

		_	
6.		ere Amendments to the Compensation Schedule? TES or NO (If yes, provide details)	Human Resources Consulted Yes
	a.	Is a new position being created? Y V	
		Effective date	
		Salary and grade	
	b.	Is a new employee being hired? ☐ Y ✓ N	
		Effective date of employment	
		Salary and grade	
		Appointed position:	
		Term	
	c.	Is this a reclassification? ☐ Y ✓ N	
		Is this position currently vacant? Y VN	
		Is this position in the current year compensation plan?	√N
7.	Does 1	this item require the awarding of a contract: Y V	
	a.	Type of Solicitation	Purchasing Office Consulted N/A
	b.	Specification # (BID/RFP/RFQ/OTHER CONTRACT #)	_
	c.	If a sole source, appropriate documentation, including an upd submitted and approved by Purchasing Department?	ated letter, has been
	d.	Vendor information (including contact name):	
	e.	Is the vendor/contractor an LLC, PLLC, or partnership:	
	f.	State of vendor/contractor organization:	
	g.	Commencement date of contract term:	
	h.	Termination of contract date:	
	i.	Contract renewal date and term:	
	k.	Is this a renewal agreement: Y V	
	1.	Vendor/Contractor comment/remarks:	

8.	Is a g	rant being accepted: YES or NO	County Administr	rator's Office
	a.	Source of grant funding:		_
	b.	Agency granting funds:		
	0.	rigency granting runds.		
	c.	Amount of grant:		
	d.	Purpose grant will be used for:		
	e.	Equipment and/or services being purchased with the grant:		
	f.	Time period grant covers:		
	g.	Amount of county matching funds:		
	h.	Administrative fee to County:		
9.	Suppor	rting Documentation:		
		Marked-up previous resolution		
		No Markup, per consultation with County Attorney		
		Information summary memo		
	<u> </u>	Copy of proposal or estimate		
		Copy of grant award notification and information		
	✓	Other 2025 WC Budget and Estimate of Expenditu	ires	
10.	Rem	narks:		
		s agenda item will establish approval for funds to be authori kers compensation plan budget for 2025.	zed for the prop	osed

2025 Workers Compensation Budget Premiums

PARTICIPANT Name	20	024 Premium	20	025 Premium	IN	C/DEC
City of Mechanicville	\$	42,309.75	\$	47,877.49	\$	5,567.74
City of Saratoga Springs	\$	566,917.38	\$	606,675.57	\$	39,758.19
County of Saratoga	\$	1,816,195.81	\$	1,933,621.18	\$	117,425.37
Town of Ballston	\$	35,215.40	\$	34,464.97	\$	(750.43)
Town of Charlton	\$	14,298.44	\$	13,960.64	\$	(337.79)
Town of Clifton Park	\$	187,489.60	\$	196,718.13	\$	9,228.52
Town of Corinth	\$	16,914.28	\$	17,682.12	\$	767.83
Town of Day	\$	10,504.69	\$	10,483.10	\$	(21.59)
Town of Edinburg	\$	40,841.20	\$	40,224.99	\$	(616.20)
Town of Galway	\$	17,907.82	\$	18,240.64	\$	332.83
Town of Greenfield	\$	29,053.75	\$	51,872.64	\$	22,818.90
Town of Hadley	\$	67,140.19	\$	38,339.22	\$	(28,800.97)
Town of Halfmoon	\$	92,458.97	\$	90,355.15	\$	(2,103.82)
Town of Malta	\$	70,645.99	\$	54,509.03	\$	(16,136.96)
Town of Milton	\$	84,138.86	\$	88,989.60	\$	4,850.75
Town of Moreau	\$	48,210.89	\$	53,745.56	\$	5,534.67
Town of Northumberland	\$	55,134.99	\$	48,222.69	\$	(6,912.30)
Town of Providence	\$	6,023.99	\$	7,206.57	\$	1,182.59
Town of Saratoga	\$	36,269.85	\$	28,558.61	\$	(7,711.24)
Town of Stillwater	\$	31,197.66	\$	31,878.57	\$	680.90
Town of Waterford	\$	45,785.79	\$	50,562.76	\$	4,776.97
Town of Wilton	\$	60,468.46	\$	63,958.27	\$	3,489.81
Village of Ballston Spa	\$	72,109.77	\$	90,846.41	\$	18,736.64
Village of Corinth	\$	18,446.77	\$	24,064.51	\$	5,617.75
Village of Galway	\$	302.06	\$	302.41	\$	0.34
Village of Round Lake	\$	4,714.71	\$	5,104.23	\$	389.52
Village of Schuylerville	\$	27,492.74	\$	23,100.93	\$	(4,391.80)
Village of South Glens Falls	\$	32,870.23	\$	16,670.27	\$	(16,199.96)
Village of Stillwater	\$	4,504.24	\$	5,789.51	\$	1,285.27
Village of Victory	\$	2,088.28	\$	2,530.83	\$	442.56
Village of Waterford	\$	2,299.32	\$	2,388.86	\$	89.54
<u> </u>				·		
Saratoga County Soil & Water	\$	2,908.89	\$	3,267.52	\$	358.63
Saratoga County Water Authority	\$	6,678.23	\$	6,180.93	\$	(497.30)
Saratoga Lake Protection & Improvement District	\$	3,033.71	\$	2,846.74	\$	(186.97)
Saratoga Springs City Center	\$	18,561.62	\$	17,619.34	\$	(942.28)
Clifton Park Water Authority	\$	44,577.73	\$	40,333.76	\$	(4,243.97)
Schuylerville/Victory BOWM	\$	14,564.74	\$	30,113.23	\$	15,548.49
Town of Wilton Water & Sewer	\$	3,793.71	\$	4,181.16	\$	387.45
Waterford Water Commission	\$	12,030.78	\$	11,888.02	\$	(142.76)
Ballston Lake Emergency Squad	\$	600.00	\$	600.00	\$	-
Clifton Park Halfmoon Emergency Squad	\$	39,573.84	\$	29,859.29	\$	(9,714.55)
Community Emergency Squad	\$	985.99	\$	2,325.22	\$	1,339.23
Town of Corinth-Jessups Landing EMS	\$	14,894.83	\$	6,126.70	\$	(8,768.13)
Edinburg Emergency Squad	\$	600.00	\$	600.00	\$	-
Galway Ambulance Squad	\$	1,034.00	\$	3,314.04	\$	2,280.03
Malta-Stillwater Ambulance Squad	\$	51,860.56	\$	41,571.69	\$	(10,288.87)
Moreau Emergency Squad	\$	1,286.26	\$	2,511.38	\$	1,225.13
Waterford Rescue Squad	\$	600.00	\$	600.00	\$	-
Wilton Emergency Squad	\$	35,474.57	\$	37,813.16	\$	2,338.59
0. 7, 11	7	,	7		, T	,===.00
Volunteer Firefighter-County	\$	318,020.93	\$	365,724.01	\$	47,703.08
TOTAL	\$	4,111,032.24	\$	4,306,421.66	\$	195,389.41

2025 WORKERS' COMPENSATION BUDGET

2025 BUDGET for Workers Compenstion Plan ESTIMATE OF EXPENDITURES

ESTIMATE OF EXPENDITORES			
	Acct#'s	2025	2024
	8-21-000		
ADMINISTRATION			
Salaries & Wages	6021	\$118,288.00	\$69,616.00
Postage	8531.I	\$50.00	\$80.00
Central Stores/Specials	8550.I	\$50.00	\$50.00
Central Printing	8560.I	\$25.00	\$25.00
Books & Periodicals	8514	\$0.00	\$0.00
Membership Dues (ESSA & NYSASIC)	8511	\$115.00	\$115.00
Educational Conferences (ESSA & NYSASIC)	8512	\$200.00	\$100.00
Employee Mileage	7001	\$300.00	\$200.00
Meals & Lodging	8512.ML	\$1,000.00	\$0.00
Transportation/Tolls	8512.T	\$50.00	\$0.00
Software	8520	\$0.00	\$0.00
Office Supplies - Labot Mgtm Safety Committee	8550	\$5,000.00	\$3,000.00
Office Equipment Rental - Copier lease	8543	\$1,500.00	\$1,212.00
Accounting & Financial - Actuarial study	8141	\$9,000.00	\$9,000.00
Workers Compensation Third Party Administrator	8190	\$162,000.00	\$157,000.00
Third Party Excess Employer Liability policy	8637	\$0.00	\$0.00
EMPLOYEE FRINGE BENEFITS			
Retirement, Soc. Sec., DBL. Health, U.I., WCB	6910-6960.R	\$71,000.00	\$41,770.00
	8-21-213		
WORKERS' COMPENSATION			
Medical Services	7214.1	\$800,000.00	\$800,000.00
Awards & Compensation	7214.2	\$2,000,000.00	\$1,900,000.00
VOLUNTEER FIREFIGHTER BENEFITS			
Medical Services	7215.1	\$300,000.00	\$300,000.00
Awards & Compensation	7215.2	\$370,000.00	\$350,000.00
VOLUNTEER AMBULANCE CORPS			
Medical Services	7216.1	\$100,000.00	\$100,000.00
Awards & Compensation	7216.2	\$20,000.00	\$20,000.00
A COFFORMENTO IN OR	70.17 :	0000 000 00	# 000 000 00
ASSESSMENTS-WCB	7217.1	\$300,000.00	\$300,000.00
	-	A	A
LEGAL FEES	8110	\$70,000.00	\$70,000.00
TRANSCRIPTS	8115	\$5,000.00	\$4,188.24
INVESTIGATIVE FEES	8117	\$33,167.66	\$30,000.00
Unallocated	9000	\$0.00	\$0.00
TOTAL ESTIMATED EXPENDITURES		\$4,366,745.66	\$4,156,356.24
REVENUES			
Participants	2222	\$4,306,421.66	\$4,111,032.24
Interest & Earnings		\$10,000.00	\$5,000.00
Cont. Reserves		\$25,000.00	\$15,000.00
Litigation & Other Sources	2701	\$25,324.00	\$25,324.00
TOTAL 2025 BUDGET		\$4,366,745.66	\$4,156,356.24

^{**}Any Fund Balance remaining at year end will be transferred into Reserve Acct: S-0853



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator Ridge Harris, Deputy County Administrator George Conway, County Attorney Therese Connolly, Clerk of the Board Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Human Resources

DATE: July 30, 2024

COMMITTEE: Human Resources & Insurance

Is a Resolution Required:

Yes, Grant Acceptance

Proposed Resolution Title:

Authorizing The Acceptance of New York State Healthcare Worker Bonus Program Funds, Disbursement of Program Funds To Eligible Saratoga County Employees, and Amending the 2024 County Budget in Relation Thereto

3. Specific Details on what the resolution will authorize:

Adopted as part of the 2022 New York State budget, the Healthcare Worker Bonus program is designed to award and attract front-line healthcare and mental hygiene workers. The program provides state funding for bonuses to eligible workers of up to \$1,500 per employee based on six-month vesting periods; bonus amounts are based on specific criteria established by New York State. The County is required to submit a request for bonus payments for all eligible workers. This resolution will authorize receipt and disbursement of funds for the fifth vesting period (October 1, 2023 through March 31, 2024). Funds from the previous four vesting periods were received and disbursed in 2023 and February 2024, respectively.

This column must be completed prior to submission of the request.

County Attorney's Office Consulted

 $| \overline{\cdot} |$

4.	Is a Budget Amendment need If yes, budget lines and impa Any budget amendments mu		County Administrator's Office Consulted Yes
	Please see attachments: (Use ONLY when more	for impacted budget lines. e than four lines are impacted.)	
	Revenue		
	Account Number	Account Name	Amount
	A.43-3086	State/Legislative Grant	\$6,459.00
	Expense		
	Account Number	Account Name	Amount
	A.43.431-6000	Regular Wages	\$6,000.00
	A.43.431-6930	Social Security	\$459.00
	Fund Balance (if applicable): Amount:	(Increase = additional revenue,	Decrease = additional expenses)
5.	Identify Budget Impact (Re	equired):	
	The budget will be amended to	to accept these funds and authorize	the related expenses
	a. G/L line impacted		
	b. Budget year impact	ted 2024	
	c. Details		

6.		re Amendments to the Compensation Schedule? Human Resources Consulted N/A Is a new position being created? Y N
		Effective date
		Salary and grade
	b.	Is a new employee being hired? Y N
		Effective date of employment
		Salary and grade
		Appointed position:
		Term
	c.	Is this a reclassification? Y N
		Is this position currently vacant? Y N
		Is this position in the current year compensation plan? Y N
7.	Does t	this item require the awarding of a contract: Y V N Purchasing Office Consulted
	a.	Type of Solicitation N/A
	b.	Specification # (BID/RFP/RFQ/OTHER CONTRACT #)
	c.	If a sole source, appropriate documentation, including an updated letter, has been submitted and approved by Purchasing Department?
	d.	Vendor information (including contact name):
	e.	Is the vendor/contractor an LLC, PLLC, or partnership:
	f.	State of vendor/contractor organization:
	g.	Commencement date of contract term:
	h.	Termination of contract date:
	i.	Contract renewal date and term:
	k.	Is this a renewal agreement: Y N
	1.	Vendor/Contractor comment/remarks:

8.	Is a g	grant being accepted: YES or NO County Administrator's Office Consulted Yes					
	a.	Source of grant funding:					
		State					
	b.	Agency granting funds:					
		NYS Department of Health (eMedNY)					
	c.	Amount of grant:					
		\$6,459.00					
	d.	Purpose grant will be used for:					
		To pay eligible employees bonus money pursuant to state program and regulations.					
	e.	Equipment and/or services being purchased with the grant:					
	f.	Time period grant covers:					
		10/1/2023-03/31/2024					
	g.	Amount of county matching funds:					
		\$0					
	h.	Administrative fee to County:					
		\$0					
9.	Suppo	rting Documentation:					
	√	Marked-up previous resolution					
		No Markup, per consultation with County Attorney					
		Information summary memo					
		Copy of proposal or estimate					
		Copy of grant award notification and information					
		Other					
10.	Ran	narks:					
10.	Ken	uaro.					

08/20/2024

RESOLUTION 37 - 2024

Introduced by Human Resources and Insurance: Supervisors Tollisen, Butler, Lant, Richardson, Thompson, M. Veitch and Wright

AUTHORIZING THE ACCEPTANCE OF NEW YORK STATE HEALTHCARE WORKER BONUS PROGRAM FUNDS, DISBURSEMENT OF PROGRAM FUNDS TO ELIGIBLE SARATOGA COUNTY EMPLOYEES, AND AMENDING THE 2024 COUNTY BUDGET IN RELATION THERETO

WHEREAS, as part of the 2022 - 2023 enacted New York State Budget, the State Legislature allocated \$1.2 billion in funding to the New York State Health Care Worker Bonus ("HWB") program for the payment of bonuses for certain frontline health care workers; and

WHEREAS, the HWB provision allows for the payment of bonuses to "recruit, retain, and reward health care and mental hygiene workers" meeting certain eligibility requirements as determined and approved by New York State, and bonuses are distributed over a series of five "vesting periods" between October 1, 2021 and March 31, 2024, at approximately six month intervals; and

WHEREAS, the HWB program funds were received and disbursed for the first two vesting periods pursuant to Resolution 21-2023, were received and disbursed for the third vesting period pursuant to resolution 212-2023, and funds in the amount of nine thousand, six hundred and eighty eight dollars (\$9,688.50) have been received for the fourth vesting period to be disbursed to eligible employees—were received and disbursed pursuant to Resolution 37-2024, and now funds in the amount of six thousand four hundred fifty nine dollars (\$6,459.00) have been received for the fifth and final vesting period to be disbursed to eligible employees; and

WHEREAS, the HWB program requires distribution of funds within 30 days of receipt of those funds thereby requiring the Saratoga County Board of Supervisors to approve receipt of those funds at the February August 2024 board meeting; and

WHEREAS, the Law and Finance Committee and the Director of Human Resources have recommended the acceptance of these funds; now, therefore, be it

RESOLVED, that the Chair of the Board is authorized to execute all documents and agreements necessary to accept the New York State Health Care Worker Bonus program funds in the final amount as determined by New York State, with the form and content of such documents and agreements to be subject to the approval of the County Attorney; and it is further

RESOLVED, that the 2024 County Budget is amended as follows:

THE SHERIFF'S OFFICE

Increase Revenue

A.30 3086 State/Legislative Grant \$ 1,614.75

Increase Appropriations

A.30.301-6000 Regular Wages \$ 1,500.00 A.30.301-6930 Social Security \$ 114.75

MENTAL HEALTH AND ADDICTION SERVICES

Increase Revenue

A.43-3086 State/Legislative Grant \$ 6,000.00

Increase Appropriations

A.43.431-6000 Regular Wages \$ 6,000.00 A.43.431-6930 Social Security \$459.00

\$ 6,459.00

; and it is further

RESOLVED, that this Resolution shall take effect immediately.

<u>BUDGET IMPACT STATEMENT</u>: The budget will be amended to accept these funds and authorize the related expenses.

August 20, 2024 Regular Meeting



SARATOGA COUNTY AGENDA ITEM REQUEST

TO: Steve Bulger, County Administrator Ridge Harris, Deputy County Administrator George Conway, County Attorney Therese Connolly, Clerk of the Board Stephanie Hodgson, Director of Budget

CC: John Warmt, Director of Purchasing
Jason Kemper, Director of Planning and Economic Development
Bridget Rider, Deputy Clerk of the Board
Matt Rose, Management Analyst
Audra Hedden, County Administrator's Office
Samantha Kupferman, County Attorney's Office

DEPARTMENT: Human Resources

DATE: 07/30/2024

COMMITTEE: Human Resources & Insurance

1. Is a Resolution Required:

Yes, Other

Proposed Resolution Title:

AMENDING THE POLICIES AND PROCEDURES MANUAL TO REVISE THE VACATION CARRYOVER POLICY AND PROCESS

3. Specific Details on what the resolution will authorize:

This resolution will authorize necessary updates to the Vacation Carryover Policy and Process to bring the policy in line with changes made to this rule as negotiated between Saratoga County and the CSEA. This resolution will also extend the new vacation carryover rules to all full-time employees who are not part of a bargaining unit.

This column must be completed prior to submission of the request.

County Attorney's Office Consulted Yes

If yes, b	oudget lines and impac	ct must be provided.	Constined Yes		
Ple (Us	ease see attachments f se ONLY when more	or impacted budget li than four lines are im	nes. pacted.)		
Revenue	,				
Account	Number	Account Name	Amour	nt	
Expense					
Account	t Number	Account Name	Amou	nt	
Fund Ba	lance (if applicable):	(Increase = additional	revenue, Decrease	e = additional expenses)	
Δ	4.				
Amoui	ш.				
Identi	fy Budget Impact (Re	quired):			
	, , ,				
<u> </u>	<u> </u>				
b.	-	ed			
c.	Details				
	Expense Account Fund Ba Amount Identi No E a. b.	If yes, budget lines and imparant Any budget amendments must like the Please see attachments of (Use ONLY when more Revenue Account Number Expense Account Number Fund Balance (if applicable): Amount: Identify Budget Impact (Revenue No Budget Impact a. G/L line impacted b. Budget year impacted	If yes, budget lines and impact must be provided. Any budget amendments must have equal and offs Please see attachments for impacted budget ling. (Use ONLY when more than four lines are impacted budget ling. Revenue Account Number Account Name Expense Account Number Account Name Fund Balance (if applicable): (Increase = additional Amount: Identify Budget Impact (Required): No Budget Impact a. G/L line impacted b. Budget year impacted	If yes, budget lines and impact must be provided. Any budget amendments must have equal and offsetting entries. Please see attachments for impacted budget lines. (Use ONLY when more than four lines are impacted.) Revenue Account Number Account Name Amount Expense Account Number Account Name Amount Fund Balance (if applicable): (Increase = additional revenue, Decrease Amount: Identify Budget Impact (Required): No Budget Impact a. G/L line impacted b. Budget year impacted	If yes, budget lines and impact must be provided. Any budget amendments must have equal and offsetting entries. Please see attachments for impacted budget lines. (Use ONLY when more than four lines are impacted.) Revenue Account Number Account Name Amount Expense Account Number Account Name Amount Fund Balance (if applicable): (Increase = additional revenue, Decrease = additional expenses) Amount: Identify Budget Impact (Required): No Budget Impact a. G/L line impacted b. Budget year impacted

6.		rere Amendments to the Compensation Schedule? Human Resources Consulted N/A N/A	
	a.	Is a new position being created? Y N	
		Effective date	
		Salary and grade	
	b.	Is a new employee being hired? Y N	
		Effective date of employment	
		Salary and grade	
		Appointed position:	
		Term	
	c.	Is this a reclassification? Y N	
		Is this position currently vacant? Y N	
		Is this position in the current year compensation plan? Y N	
7. Does this item require the awarding of a contract: Y V N Purchasing Office O			
	a.	Type of Solicitation N/A	
	b.	Specification # (BID/RFP/RFQ/OTHER CONTRACT #)	
	c.	If a sole source, appropriate documentation, including an updated letter, has been	
		submitted and approved by Purchasing Department? Y N/A	
	d.	Vendor information (including contact name):	
	e.	Is the vendor/contractor an LLC, PLLC, or partnership:	
	f.	State of vendor/contractor organization:	
	g.	Commencement date of contract term:	
	h.	Termination of contract date:	
	i.	Contract renewal date and term:	
	k. 1.	Is this a renewal agreement: Y N Vendor/Contractor comment/remarks:	
	1.	vendor/Contractor comment/remarks.	

8.	Is a gr	ant being accepted: YES or NO	County Administrator's Office Consulted No
	a.	Source of grant funding:	
	b.	Agency granting funds:	
	c.	Amount of grant:	
	d.	Purpose grant will be used for:	
	e.	Equipment and/or services being purchased with the grant:	
	f.	Time period grant covers:	
	g.	Amount of county matching funds:	
	h.	Administrative fee to County:	
9.	Cunnad	ting Documentation:	
J.	Support	Marked-up previous resolution	
	▼		
	片	No Markup, per consultation with County Attorney	
		Information summary memo	
		Copy of proposal or estimate	
		Copy of grant award notification and information	
	✓	Other Marked-up policy identifying changes	
10.	Rema	arks:	

Chapter 4 Section M Page 1 Date 05/13/1980

Opr: Human Resources Res: 183-08

Revised: 09/16/2008 Res: 331-22 Revised: 11/15/2022 Res: XXX-2024 Revised: 08/20/2024

VACATION CARRYOVER

- 1. The employee shall ask the Department Head for the earry-over, in writing, at least 30 days prior to the date on which vacation eligibility would be exhausted. Such request will include the reason the vacation was not taken during the normal time frame.
- 2. The Department Head will evaluate the request and forward it to the Human Resources

 Director along with a recommendation for approval or denial.
- 3. The Human Resources Director will write a letter to the Department Head approving or denying the request.
- 4. Upon approval of the Human Resources Director and Department Head, the employee will be approved to earry over vacation time until their next accrual anniversary date.
- Upon the employee's next accrual anniversary date, any unused vacation carryover accruals will be removed from the employee's vacation accrual bank.
- 5. Note: this policy applies to all full-time employees who are not represented by a bargaining unit and members of the CSEA bargaining unit. Employees who are members of the PBA and UPSEU should refer to the negotiated language in the applicable section(s) of their respective Collective Bargaining Agreements for information pertaining to vacation carryover rules.

Formatted: Font: 12 pt

Formatted: Indent: Left: 0.57", Hanging: 0.25", Right: 0.08", Line spacing: single, No bullets or numbering, Tab stops: Not at 0.82"

Formatted: Normal, Indent: Left: 0.57", No bullets or numbering

Formatted: Font: 12 pt