

**AGENDA**  
**GOVERNMENT OPERATIONS COMMITTEE**

**Thursday, January 5, 2023 9:00 a.m.**

*Supervisors: Lasher, Donalty, Kolczynski, Chatfield, Miller*

9:00 a.m. **Approval of meeting minutes**

9:00 a.m. **Pass Through Transmittals:**

9:10 a.m. **County Attorney, Dan Connors**

MONTHLY REPORT [CA December.pdf](#)

9:15 a.m. **Compliance Officer, Ed Hunt**  
**GIS Coordinator, Zakk Hess**  
**County Clerk, Mike Jankowski**

NO BUSINESS

9:15 a.m. **Board of Elections, John Zornow & Gerry Clingerman**

TRANSMITTAL:

- Authorization to Amend the Budget and Approve Travel Expenses that Fall Outside of County Travel Policy [BOE 2023 Travel Resolution \(002\).docx](#)
  - Travel req. [BOE Travel req..pdf](#)

9:20 a.m. **Grant Manager, Jay Roscup**

COUNTY GRANTS UPDATE

9:30 a.m. **County Administrator, Rick House**

MONTHLY REPORT

9:40 a.m. **Human Resource Director, Chris Kalinski**

STAFF UPDATE

TRANSMITTALS:

- Authorization to Appoint Veterans Service Agency Director [HR2023 01Res1 Authorization to appoint Director of Veteran Services.doc](#)
- Authorization to Revise County COVID Sick Leave Policy [HR2023 01RES2 COVID PAID SICK LEAVE POLICY REVISED January 2023.docx](#)
- Authorization to Renew Contract with the ESI Employee Assistance Group [HR2023 01RES3 2023 EAP Contract Renewal.doc](#)

**COUNTY OF WAYNE**  
**OFFICE OF THE COUNTY ATTORNEY**

WAYNE COUNTY COURTHOUSE  
26 CHURCH STREET, LYONS, NEW YORK 14489  
FAX: (315) 946-5942


DANIEL C. CONNORS, ESQ.  
COUNTY ATTORNEY  
(315) 946-7442

ERIN M. HAMMOND, ESQ.  
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(315) 946-7444

The County Attorney's Office monthly report for December 2022 is as follows:

Contracts Drafted and/or Reviewed	44
Notice of Claims	0
Accidents	2
Disciplines/Grievances	2
Human Rights Complaints	0
Subpoenas	1
Freedom of Information Requests (FOIL)	27
FOIL Money Collected	\$1.00
Juvenile Delinquent's (JD's)	4
Persons In Need of Supervision (PINS)	2
Habeas Corpus	0
Poor Person Applications	0
Pistol Permit Hearings	0
Unemployment Hearings	0
Total Amount of Bills Paid from A1420(CA)	\$1,135.72
Total Amount Paid from A1930 (Judgment & Claims)	\$22,500.00
Total Amount Paid from A1931 (Liability & Casualty)	\$2,440.44
Total Amount Paid for 207c Claims	\$1,691.00

Respectfully submitted,



Daniel C. Connors, Esq.  
County Attorney

**RESOLUTION TRANSMITTAL**

**Committee No: 5**

**Date: 1/5/2023**

**Committee Chair: Richard Lasher  
Dept Head: XXX**

**AUTHORIZATION TO AMEND THE COUNTY BOARD OF ELECTIONS 2023 TRAVEL BUDGET**

WHEREAS, the Wayne County Travel Policy was adopted with resolution No. 504-21; and  
WHEREAS, the policy states that "All requests for travel that are in excess of the departmental appropriations for such purposes shall require the approval of the Board of Supervisors."; and  
WHEREAS, the Board of Elections budget does not include appropriations for travel and conference related expenses in 2023; and  
WHEREAS, the Wayne County Board of Elections Commissioners and Deputy Commissioners wish to take advantage of the training and networking opportunities at the 2023 Winter Election Commissioners Conference January 17 through January 20 in Albany; now, therefore be it  
RESOLVED, that the Wayne County Treasurer is hereby authorized to make the following amendment to the 2023 budget:

**A1990 Contingent Fund General**  
\$3200 from 54000 Contractual Expenses

**A1450 Board of Elections**  
\$3200 to 54485 Travel

Budgeted: NO                      Proposed Cost: \$3200                      Reimbursed Amount \$0                      County Cost \$3200  
Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_  
County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_  
Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_  
County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_  
Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors  
Referred to:  
Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Wayne County  
In State Travel Request**

Date: 12-8-22

Department Name: Board of Elections Dept. No.: 1450

Meeting Seminar or Conference Name: New York State Commissioners Association

Location: Hilton Albany (Albany, NY) Date(s): January 17-20 2022

Mandated? Yes \_\_\_ (Federal, State, other) No X Required Educational Training? Yes \_\_\_ No X

Paid for with Grant Funds? Yes \_\_\_ No \_\_\_ Required By: \_\_\_\_\_

Person(s) attending: Gerry Clingerman, John Zornow, Kristin Victorious, Mindy Robinson

Org	Object	Project Code	Object Name	Available Budget	Amount
	54410		Conference	\$ 240.00	\$ 120.00
	54483		Training-Seminars-Schools	\$ _____	\$ _____
	54485		Travel (Airfare, Train, Taxi, Subway, etc)	\$ _____	\$ _____
	54485		Lodging	\$ 5,000.00	\$ 3097.20
	54485		Tolls/Parking/ [Fuel county cars only]	\$ " "	\$ 75.00
	54485		Meals	\$ _____	\$ _____
	54919		Mileage ( _____ X IRS Prevailing Rate)	\$ _____	\$ _____
			TOTAL	\$ 5,240.00	\$ 3292.20

Is there a county car available? Yes X No \_\_\_

If no, please provide explanation \_\_\_\_\_

Is this training/travel required for continuing professional certification or credits? Yes \_\_\_ No X

If yes, how many credits are required in this year (Jan-Dec)? \_\_\_ How many have already been attained? \_\_\_

If an overnight stay is needed and the location is within 65 miles of Lyons, NY; please provide a detailed justification of why the stay is necessary and why it is of value to the County. \_\_\_\_\_

Overnight travel requires a detailed description of the conference or seminar agenda or schedule.

Department Head Approval: [Signature] Date: 12/8/22

Budget Officer Review for Availability of Funds: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

HR01 Resolution 01  
Committee No.5  
Kalinski

January 5, 2023

Committee Chair: Dic Lasher  
Department Head: Chris

**AUTHORIZE THE APPOINTMENT OF DAVE PHILLIPS, DIRECTOR, VETERANS SERVICE AGENCY**

**WHEREAS**, the Director, Veterans Service Agency resigned October 12, 2022; and

**WHEREAS**, the Wayne County Board of Supervisors desires to maintain the operations and integrity of the Veterans Services Office authorized the advertising of the vacancy and the creation of a search committee; and

**WHEREAS**, the search committee conducted interviews of applicants on December 16, 2022; now therefore be it

**RESOLVED**, that Davis Phillips is appointed to the position of Director, Veterans Services at an annual salary of \$69,677 within the Managerial confidential salary structure, Grade 6 to begin on January 20, 2023.

Budgeted: yes  no  Proposed Cost: \$\_\_\_\_\_ Reimbursed Amount \$\_\_\_\_\_ County cost \$\_\_\_\_\_

Departmental transfer \$\_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review \$ Approval: yes  no  by: \_\_\_\_\_

Human Resources Office Review & Approval: yes  no  by: \_\_\_\_\_

County Attorney Review: yes  no  by: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## RESOLUTION TRANSMITTAL

HR01 Resolution 02  
Committee No.5

January 5, 2023

Committee Chair: Dic Lasher  
Department Head: Chris Kalinski

### Authorization to Revise COVID Paid Sick Leave Policy

WHEREAS, it is necessary for the County Human Resource Department to track Emergency Sick Leave Pay to employees who have testing positive for Covid; and

WHEREAS, the County Board of Supervisors would like to require all staff seeking paid time without the loss of accruals to provide documentation from a Health Care Provider/Facility for tracking purposes and eligibility; now therefore be it

RESOLVED, upon Board Approval the revised Covid Paid Sick Leave policy will be implemented.

### COVID PAID SICK LEAVE POLICY

**COVID RAPID ANTIGEN OR PCR TEST REQUIRED:** In order to receive COVID Emergency Sick Leave Pay, an employee MUST provide documentation of his/her POSITIVE PCR Test or Rapid Antigen Test performed by a medical provider (pharmacy, Urgent care, etc) and complete the COVID Emergency Paid Sick Leave Form upon return to work.

### AT HOME TEST RESULTS WILL NOT BE ACCEPTED

The Department of Health has adjusted isolation period to five (5) days. Anyone who receives a positive COVID-10 test result is to self-isolate for 5 days from onset of symptoms. If you have no symptoms or your symptoms are resolving after 5 days you can leave your home and return to work but continue to wear a well-fitting mask for an additional 5 calendar days. If your symptoms are not improving, or you have a fever, continue to stay home. After the first 5 days of isolation if you are unable to return to work you will be required to seek medical attention and provide documentation to remain out of work an additional 5 days.

During this public health crisis, employee health and safety is of paramount importance. Therefore, Federal, State, and County governments are working together to slow person to person transmission and stop the spread of the COVID virus. The COVID provisions of the New York State Paid Sick Leave Policy temporarily supplement the existing Wayne County leave of absence, sick leave and contractual benefits and accounts for the new state sick leave law. This description addresses County obligations and employee benefits for COVID-19 related isolation leave.

An employee may be entitled to paid leave if: (1) the employee has tested COVID positive; (2) a health care provider has advised the employee to self-isolate due to positive COVID results; or (3) the employee is ill after receiving COVID vaccination and/or boosters shot.

In the event that an employee is not eligible under the New York State EPSL, but has a public health concern, the County will work with a concerned employee to accommodate application of the employee's accrued time or unpaid time under the Family Medical Leave Act and/or Disability as applicable.

### THE FOLLOWING DOCUMENTATION MUST BE RETURNED TO YOUR DEPARTMENT HEAD/SUPERVISOR:

- MUST provide documentation for his/her POSITIVE Rapid Antigen or PCR Test that was conducted by a facility (pharmacy, urgent care, etc.) – **HOME TESTS RESULTS WILL NOT BE ACCEPTED. Nursing Home employees tested within the Workplace, results will be accepted.**
- Complete the COVID EPSL Form in its entirety. Any submissions can be done electronically/remotely. Employees should not physically bring forms in if the employee is ill.
- The County may grant leave pending receipt of supporting documentation as necessary.
- Once the documentation supporting the employee request is submitted, the County will review and make a determination granting the request, denying the request due to lack of eligibility, or determining a need for more information/documentation, as soon as possible.
- If the employee exhausts paid sick leave under the state sick leave employee benefits laws, or is ineligible, the employee may use sick and/or leave or other qualifying accruals and may apply for FMLA and Disability benefits if applicable.

### NEW YORK EMERGENCY PAID SICK LEAVE ELIGIBILITY & PROCESS

In no event shall an employee qualify for sick leave under New York's COVID-19 sick leave law for more than three orders of isolation from the onset of COVID. **The second and third orders must be based on the employee's positive COVID test in accordance to the guidelines.**

If an employee experiences residual effects from the original COVID infection, the employee would not be eligible for additional paid time off once employee has returned to work, employee will be entitled to use accruals and may be required to present medical documentation. The Public Health Department will be consulted and will determine, after consulting with the NYS Department of Health and with the employee's medical provider, if the reoccurrence of symptoms is a new COVID-19 infection.

If a holiday is within the 5 or 10 day period of isolation the holiday will be coded as holiday but is and will be counted as COVID time.

**EMPLOYEE OBLIGATION TO NOTIFY COUNTY OF EXPOSURE AND TEST RESULTS**

An employee who receives a positive test result under any circumstances must notify their Department Head/Supervisor and shall not report to work.

Revised: January 17, 2023

Budgeted: yes \_\_\_ no \_\_\_ Proposed Cost: \$\_\_\_\_\_ Reimbursed Amount \$\_\_\_\_\_ County cost \$\_\_\_\_\_

Departmental transfer \$\_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

County Attorney Review: yes \_\_\_ no \_\_\_ N/A \_\_\_ Signature: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**RESOLUTION TRANSMITTAL**

HR01 RES 2  
Committee No. 5

January 5, 2023

Committee Chairperson: Dic Lasher  
Department Head: Chris Kalinski

Authorization to Renew Contract with the ESI Employee Assistance Group (EAP) for the period January 1, 2023 through December 31, 2024, and Pay Annual Fee.

WHEREAS, ESI Employee Services EAP has provided the County of Wayne with Employee Assistance Program services for the period January 1, 2022 – December 31, 2022; and

WHEREAS, the County of Wayne is desirous of continuing this contract with ESI for the period January 1, 2023 – December 31, 2023 for the provisions of an EAP at the rate of \$24.36 guaranteed through 12/31/2024 per employee (FTE); and

WHEREAS, that the total FTE count for the 2023 contract is 845 FTEs (776 full time and 138 part-time employees (69 FTE), for a total cost of \$20,584.20; now, therefore be it

RESOLVED that the Chairman of the Wayne County Board of Supervisors is hereby authorized and directed to execute a contract on behalf of the County of Wayne, subject to the County Attorney's approval as to form and content, with ESI for the period January 1, 2023 – December 31, 2023 for the provision of an Employee Assistance Program at a rate of \$24.36 per employee (FTE); and be it further

RESOLVED, that the County Treasurer is authorized to make payment to ESI for 2023 for an amount not to exceed \$20,584.20 and charge individual departments accordingly.

Budgeted: yes  no  Proposed Cost:   0   Reimbursed Amount   0   County cost \$ 20,584.20

Departmental transfer \$ \_\_\_\_\_ from Account No. \_\_\_\_\_ to Account No. \_\_\_\_\_

County Administrator's Review: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Office Review: yes  no  N/A  Signature: \_\_\_\_\_

County Attorney Review: yes  no  N/A  Signature: \_\_\_\_\_

Standing Committee: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature/Date Rec'd: \_\_\_\_\_ Clerk, Board of Supervisors

Referred to:  
Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Committee: \_\_\_\_\_ Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_