

AGENDA
GOVERNMENT OPERATIONS COMMITTEE
Thursday, September 3rd 8:30 a.m.

Supervisors: Emmel, Chatfield, Spickerman, Verkey and Eygnor

8:30 a.m. **Approval of meeting minutes**

8:30 a.m. **Transmittals referred to Committee**

8:35 a.m. **County Attorney**

Monthly Report [County Attorney monthly report - August.pdf](#)

8:40 a.m. **Board of Elections, Mark Alquist & John Zornow**
Compliance Officer, Ed Hunt
County Clerk, Mike Jankowski

NO BUSINESS

8:40 a.m. **County Administrator, Rick House**

Monthly Activities Report

8:50 a.m. **Human Resource Department, Chris Kalinski**

Monthly Employee Report

TRANSMITTALS:

- Authorization to define retiree health care plan for non-bargaining unit employees
[HR2020 09Res1 Authorization to define Health Care Plan for Non-Bargaining Unit Employees.doc](#)
- Authorization to establish 2021 Workers' Compensation Plan Premium Equivalents
[HR09RES1 2021 WC Plan Premium Equivalents.docx](#)

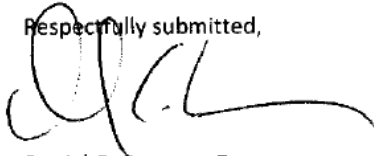
9:10 a.m. **Jay Roscup**

Update

The County Attorney's Office monthly report for August 2020 is as follows:

| | |
|---|------------|
| Contracts Drafted and/or Reviewed | 41 |
| Insurance Certificates | 36 |
| Notice of Claim | 1 |
| Accidents | 2 |
| Disciplines/Grievances | 1 |
| Human Rights Complaints | 0 |
| Subpoenas | 1 |
| Freedom of Information Requests (FOIL) | 30 |
| FOIL Money Collected | \$4.00 |
| Juvenile Delinquent's (JD's) | 2 |
| Persons In Need of Supervision (PINS) | 0 |
| Habeas Corpus | 0 |
| Poor Person Applications | 5 |
| Pistol Permit Hearings | 0 |
| Unemployment Hearings | 0 |
| Total Amount of Bills Paid from A1420(CA) | \$562.72 |
| Total Amount Paid from A1930 (Judgment & Claims) | \$0.00 |
| Total Amount Paid from A1931 (Liability & Casualty) | \$5,918.08 |
| Total Amount Paid for 207c Claims | \$0.00 |

Respectfully submitted,



Daniel C. Connors, Esq.
County Attorney

RESOLUTION TRANSMITTAL

RES 1 September 2020
Committee No.5

Committee Chair: Jake Emmel
Department Head: Chris Kalinski

AUTHORIZATION TO DEFINE RETIREE HEALTH CARE PLAN FOR NON-BARGAINING UNIT EMPLOYEES

WHEREAS, full time permanent Managerial/Confidential employees not covered by a bargaining unit on full pay status who shall have been in the continuous employ of the County for at least ten (10) consecutive years, are 55 years of age or older or a member of Sheriff Office 25 year retirement plan and who shall retire directly from the County under a New York State Retirement plan shall be entitled to apply the cash value of his/her accumulated unused sick leave to his/her medical insurance premium payments. The cash value of accumulated sick leave shall be equal to the number of hours credited to the employee on the date of retirement multiplied by the employee’s job rate plus longevity. The employee may apply this credit towards premiums at any rate up to the County’s rate of contribution at the time of retirement (90% for a single plan; 80% for a family plan). At the employee’s request, application of the cash value of sick leave accruals and membership in the offered health plan may be deferred until such time as the employee shall notify the County that he/she wishes to join County offered health care plans and utilize cash value of sick leave accruals. The credit can only be used toward the cost of a County sponsored health care plan and shall cease upon the death of the employee.

RESOLVED, that full time Confidential/Managerial Non-Bargaining Unit employees that have retired directly from the County under New York State Retirement Plan have the ability to bank unused sick accruals and to join Wayne County Health Plan or County offered Medicare Plan at a later date if desired.

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost \$1,081,904

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

HR09Res1
Committee No. 5

Date: September 3, 2020

Committee Chair: Jake Emmel
Department Head: Chris Kalinski

AUTHORIZATION TO ESTABLISH 2021 WORKERS' COMPENSATION PLAN PREMIUM-EQUIVALENTS

WHEREAS, the County of Wayne is required to establish premium-equivalents annually for the Self-Insured Workers Compensation Plan; and

WHEREAS, said premium-equivalents shall be adopted by the Wayne County Board of Supervisors for each member of the Self-Insured Workers Compensation Plan; now, therefore, be it

RESOLVED, that the County of Wayne hereby adopts the following premium-equivalents for 2021 for the Self-Insured Workers Compensation Plan:

| | | | | | |
|--------------------|----|-----------|------------------------|----|---------|
| Wayne County | \$ | 1,081,904 | Village of Clyde | \$ | 6,136 |
| Town of Arcadia | \$ | 16,314 | Village of Newark | \$ | 139,871 |
| Town of Butler | \$ | 24,858 | Village of Palmyra | \$ | 51,257 |
| Town of Galen | \$ | 7,844 | Village of Red Creek | \$ | 1,462 |
| Town of Huron | \$ | 20,791 | Village of Sodus | \$ | 5,704 |
| Town of Lyons | \$ | 19,453 | Village of Sodus Point | \$ | 8,224 |
| Town of Macedon | \$ | 46,927 | Village of Wolcott | \$ | 9,623 |
| Town of Marion | \$ | 15,590 | | | |
| Town of Ontario | \$ | 112,473 | | | |
| Town of Palmyra | \$ | 32,820 | | | |
| Town of Rose | \$ | 17,506 | | | |
| Town of Savannah | \$ | 5,235 | | | |
| Town of Sodus | \$ | 35,914 | | | |
| Town of Walworth | \$ | 34,611 | | | |
| Town of Williamson | \$ | 45,968 | | | |
| Town of Wolcott | \$ | 9,515 | | | |

Budgeted: yes ___ no ___ Proposed Cost: _____ Reimbursed Amount _____ County cost \$1,081,904

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: _____