



Human Resources & Insurance Committee

Thursday, December 8, 2022 3PM
40 McMaster Street, Ballston Spa, NY

Chair: Kevin Tollisen

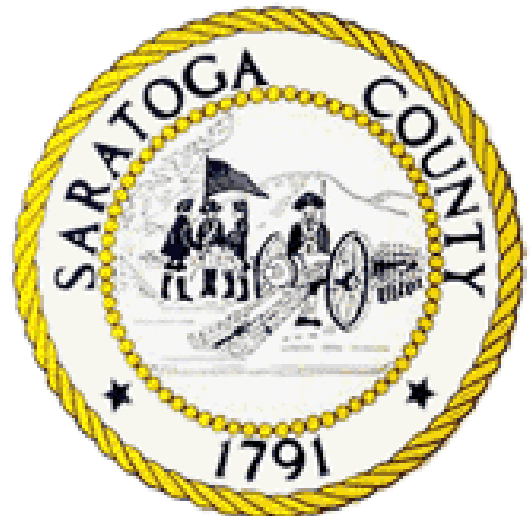
Members:

Diana Edwards
Joe Grasso-VC
Mark Hammond
Jonathan Schopf
Kevin Veitch
Tom Wood

- I. Welcome and Attendance
- II. Approval of the minutes of the November 3, 2022 meeting.
- III. Workers Compensation Report
- IV. Authorizing the extension of the Alternative Work Arrangement Policy to all County departments – Scot Chamberlain, Human Resources
- V. Authorizing an amendment to the 2022 Compensation Schedule plan to transfer the title of Deputy Director of Weights and Measures from CSEA to the Management/Confidential Plan – Scot Chamberlain, Human Resources
- VI. Amending Resolutions 143-2021 and 156-2022 in order to pay an additional insurance premium related to the County's 2021-2022 Auto Insurance policy – Steve Bulger, County Administrator
- VII. Employee Recognition
- VIII. Other Business
- IX. Adjournment

**Human Resources and
Insurance Committee
Meeting**

December 8, 2022





Data
for October 2022



Participant	Total Paid	Claims Received	24/7 Utilization	
			Yes	No
City of Mechanicville-Police Department	\$0.00	1	1	0
City of Mechanicville-Public Works	\$1,151.56	1	1	0
City of Saratoga Springs-All Other	\$368.88	0	0	0
City of Saratoga Springs-Fire Department	\$4,817.61	0	0	0
City of Saratoga Springs-Police Department	\$4,540.05	0	0	0
City of Saratoga Springs-Public Works	\$19,458.40	3	2	1
Clifton Park Halfmoon Emergency Corp-Paid	\$206.10	1	1	0
Clifton Park Water Authority	\$2,154.15	1	1	0
Galway Emergency Medical Services-Paid	\$144.97	1	1	0
Malta-Stillwater Ambulance Corps-Paid	\$8.50	0	0	0
Malta-Stillwater Ambulance Corps-Volunteer	\$1,690.15	0	0	0
Moreau Emergency Squad-Paid	\$0.00	1	1	0
Saratoga Co -Public Health Nursing Service	\$57.68	0	0	0
Saratoga Co -Public Works Building & Grnds	\$2,715.53	16	0	16
Saratoga Co. -Office of Emergency Services	\$17.00	0	0	0
Saratoga County-Animal Shelter	\$4,599.57	1	1	0
Saratoga County-County Auditor	\$0.00	1	1	0
Saratoga County-Maplewood Manor	\$15,179.56	0	0	0
Saratoga County-Public Works Highway	\$1,785.17	1	1	0
Saratoga County-Sewer District	\$5,706.26	0	0	0
Saratoga County-Sheriff	\$105,995.49	4	4	0
Saratoga County-Social Services	\$1,282.65	0	0	0
Schuylerville-Victory Board-Water Mgmt	\$1,441.30	0	0	0
Town of Charlton-Public Works	\$263.52	0	0	0
Town of Clifton Park-All Other	\$4,399.20	0	0	0
Town of Edinburg-All Other	\$2,193.68	0	0	0
Town of Galway-Public Works	\$404.90	0	0	0
Town of Greenfield-Public Works	\$23.50	0	0	0
Town of Hadley-Public Works	\$609.69	0	0	0
Town of Halfmoon-All Other	\$173.14	0	0	0
Town of Halfmoon-Public Works	\$340.57	0	0	0
Town of Malta-All Other	\$515.49	0	0	0
Town of Milton-All Other	\$64.98	0	0	0
Town of Moreau-All Other	\$941.27	1	0	1
Town of Northumberland-Public Works	\$0.00	1	1	0

Village of Ballston Spa-All Other	\$117.00	0	0	0
Village of Ballston Spa-Public Works	\$2,476.58	0	0	0
Village of Corinth-Public Works	\$3,501.57	0	0	0
Village of Schuylerville-Public Works	\$909.00	0	0	0
Vol Fire Dept-Ballston Lake Fire Dept.	\$1,052.52	0	0	0
Vol Fire Dept-Clifton Park-Jonesville Fire	\$123.92	2	2	0
Vol Fire Dept-Clifton Park-Vischer Ferry Fre	\$133.40	1	1	0
Vol Fire Dept-Corinth Vol Fire Association	\$32,725.00	0	0	0
Vol Fire Dept-Greenfield Fire District	\$3,694.18	0	0	0
Vol Fire Dept-Halfmoon-Waterford Fire Dist	\$15.00	0	0	0
Vol Fire Dept-Northside Fire Dist-FB Peck Hs	\$3,285.20	0	0	0
Vol Fire Dept-Vil of Schuylerville-Schuylers	\$4,620.00	1	1	0
Vol Fire Dept-Vil of South Glens Falls Fire	\$3,100.83	0	0	0
Vol Fire Dept-Vil of Stillwater-Newland Wd	\$1,600.00	0	0	0
Volunteer Fire Dept.-Providence Fire Dept.	\$8.50	0	0	0
Volunteer Fire Dept.-Wilton Fire Dept.	\$15.00	1	0	1
Wilton Emergency Squad-Paid	\$2,331.62	0	0	0
TOTAL	\$242,959.84	39	20	19



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

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

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

DEPARTMENT: Human Resources

DATE: 11/29/2022

COMMITTEE: Human Resources & Insurance

RE: The Alternative Work Arrangement Policy



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

1. Is a Resolution Required:

Yes, Other

2. Proposed Resolution Title:

Extending the Alternative Work Arrangement Policy to All County Departments

3. Specific Details on what the resolution will authorize:

To authorize the continuation of an Alternative Work Arrangement Policy in order to attract and retain a diverse, and talented work force, reduce cost, and improve productivity among employees.

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
If yes, budget lines and impact must be provided.
Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted <input type="checkbox"/>

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

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

--

- a. G/L line impacted
- b. Budget year impacted
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

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

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors: Y N

a. Were bids/proposals solicited: Y N

b. Type of Solicitation

c. Is the vendor/contractor a sole source: Y N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department? Y N N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted

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. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks:

11/17/20



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 232-²⁰²²2020

Introduced by Supervisors Wood, Grattidge, Lawler, Lucia, Peck, Winney and Wright

EXTENDING THE ALTERNATIVE WORK ARRANGEMENT POLICY TO ALL COUNTY DEPARTMENTS ~~ON A TRIAL BASIS~~

WHEREAS, pursuant to Resolution ²³²⁻210-2020, this Board of Supervisors authorized on a trial basis an Alternative Work Arrangement Policy for ^{all} County employees ~~in the County Auditor's Office and the Department of Social Services~~ whose duties are capable of being performed outside of the normal work hours of 8:00 am to 4:00 pm or 9:00 am to 5:00 pm; and

WHEREAS, our Human Resources and Insurance Committee has recommended that: 1) the Alternative Work Arrangement Policy be extended to all County Departments ~~on a trial basis~~; and 2) that Department heads that implement the Alternative Work Arrangement Policy in their departments shall provide periodic feedback to the Director of Human Resources or ^{his} ~~her~~ designee relative to the results experienced in implementing the Policy; and 3) the Director of Human Resources shall report monthly to the Human Resources and Insurance Committee on the feedback received from departments that implemented the Policy; now, therefore, be it

RESOLVED, that the Alternative Work Arrangement Policy as approved by this Board pursuant to Resolution ²³²⁻210-2020, a copy of which is attached hereto, is hereby extended to all County Departments ~~on a trial basis~~ commencing ~~November 18, 2020~~; and be it further

RESOLVED, that Department heads that implement the Alternative Work Arrangement Policy in their departments shall provide periodic feedback to the Director of Human Resources or ^{his} ~~her~~ designee relative to the results experienced in implementing the Policy; and be it further

RESOLVED, that the Director of Human Resources shall report monthly to the Human Resources and Insurance Committee on the feedback received from departments that implemented the Alternative Work Arrangement Policy.

BUDGET IMPACT STATEMENT: No budget impact.

11/17/20



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 232 - 2020

Introduced by Supervisors Wood, Grattidge, Lawler, Lucia, Peck, Winney and Wright

EXTENDING THE ALTERNATIVE WORK ARRANGEMENT POLICY TO ALL COUNTY DEPARTMENTS ON A TRIAL BASIS

WHEREAS, pursuant to Resolution 210-2020, this Board of Supervisors authorized on a trial basis an Alternative Work Arrangement Policy for County employees in the County Auditor's Office and the Department of Social Services whose duties are capable of being performed outside of the normal work hours of 8:00 am to 4:00 pm or 9:00 am to 5:00 pm; and

WHEREAS, our Human Resources and Insurance Committee has recommended that: 1) the Alternative Work Arrangement Policy be extended to all County Departments on a trial basis; and 2) that Department heads that implement the Alternative Work Arrangement Policy in their departments shall provide periodic feedback to the Director of Human Resources or her designee relative to the results experienced in implementing the Policy; and 3) the Director of Human Resources shall report monthly to the Human Resources and Insurance Committee on the feedback received from departments that implemented the Policy; now, therefore, be it

RESOLVED, that the Alternative Work Arrangement Policy as approved by this Board pursuant to Resolution 210-2020, a copy of which is attached hereto, is hereby extended to all County Departments on a trial basis commencing November 18, 2020; and be it further

RESOLVED, that Department heads that implement the Alternative Work Arrangement Policy in their departments shall provide periodic feedback to the Director of Human Resources or her designee relative to the results experienced in implementing the Policy; and be it further

RESOLVED, that the Director of Human Resources shall report monthly to the Human Resources and Insurance Committee on the feedback received from departments that implemented the Alternative Work Arrangement Policy.

BUDGET IMPACT STATEMENT: No budget impact.



SARATOGA COUNTY BOARD OF SUPERVISORS

RESOLUTION 210 - 2020

Introduced by Supervisors Wood, Grattidge, Lawler, Lucia, Peck, Winney and Wright

AUTHORIZING AN ALTERNATIVE WORK ARRANGEMENT POLICY ON A TRIAL BASIS FOR TWO COUNTY DEPARTMENTS

WHEREAS, the COVID-19 pandemic has imposed hardships on County employees; and

WHEREAS, it is necessary and desirable that this Board of Supervisors authorize on a trial basis an Alternative Work Arrangement Policy for County employees in the County Auditor's Office and the Department of Social Services whose duties are capable of being performed outside of the normal work hours of 8:00 am to 4:00 pm or 9:00 am to 5:00 pm; and

WHEREAS, our Human Resources Department has drafted and distributed to each member of this Board a copy of a proposed Alternative Work Arrangement Policy; now, therefore, be it

RESOLVED, that the proposed Alternative Work Arrangement Policy as revised by the Human Resources Department on October 19, 2020 and distributed to this Board, a copy of which is attached hereto, is hereby authorized for use on a trial basis by the County Auditor's Office and the Department of Social Services until this Board's next meeting on November 17, 2020; and be it further

RESOLVED, our Human Resources and Insurance Committee is hereby directed to meet with the County Auditor and the Commissioner of Social Services and solicit their input on the impacts of the Alternative Work Arrangement Policy on their respective departments during the trial period; and be it further

RESOLVED, that based on the input received from the County Auditor and the Commissioner of Social Services, the Human Resources and Insurance Committee shall formulate a recommendation to the Law and Finance Committee for its meeting on November 12, 2020 as to whether the trial period for the Alternative Work Arrangement Policy should be extended or made permanent for those two County departments, and whether the Alternative Work Arrangement Policy should be extended to other County departments on a trial or permanent basis.

BUDGET IMPACT STATEMENT: No budget impact.

MEMORANDUM OF AGREEMENT

WHEREAS, the County of Saratoga, (herein referred to as the "County" or "Employer"), and the Civil Service Employees Association Local 1000, AFSCME, AFL-CIO, Local 846, (herein referred to as the "Union") are parties to a Collective Bargaining Agreement; and

WHEREAS, the Employer and the Union had previously negotiated an alternative work arrangement agreement on a trial basis; and

WHEREAS, having experienced a successful outcome of the trial period that contributed to a positive employee experience while continuing to meet the needs of the workplace and community, the Employer supports extending the temporary alternative work arrangements and hereby gives authority to the department head to implement a flexible schedule arrangement, where appropriate, for eligible employees; and

WHEREAS, the Employer and the Union have agreed to a flexible work schedule based on the Employer's Alternative Work Arrangement Policy, annexed hereto; and

WHEREAS, the County and the Union agree as follows:

1. ~~This Memorandum of Agreement is applicable to all Saratoga County Departments when an alternative work arrangement is feasible and appropriate.~~

2. An alternate work arrangement means flexible schedule. This arrangement must be agreed to by the department head upon an employee's request seeking to start or end work outside the employer's standard hours of operation as defined by Article V of the Collective Bargaining Agreement. The total number of work hours in the work week and the compensation remain the same.

3. Alternative work arrangements may be implemented where appropriate, as requested by the employee and approved by the department head. Alternative work arrangements may be made when organizational impacts of such arrangements do not have negative impact on the department's operation. Negative impact means that the mission of the department is impeded by a flexible work schedule or schedules causing a decrease in services, productivity, production or work quality.

4. Alternative work arrangements are not appropriate for all employees. No employee is entitled to or guaranteed the opportunity to have an alternative work schedule. Offering the opportunity for an alternative work arrangement is based on the discretion of the employee's department head. An employee's participation is strictly voluntary. Department heads have the authority to either approve or deny the request. All alternative work arrangements must meet the criteria in this policy and may be terminated at any time by the department head or the employee. The department head and/or the employee shall give five calendar days' notice when terminating an alternative work arrangement. By participating in this voluntary arrangement, employees agree to the terms of this policy and waive their rights to a grievance process.

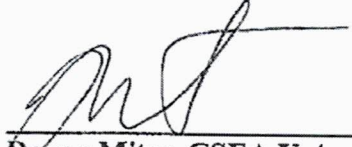
5. An employee wishing to request an alternative work arrangement shall submit a written request to his/her department head seven calendar days ~~one week~~ from the desired start date. An alternative work arrangement must be agreed upon in writing by the department head. Any changes, other than termination of the arrangement, to the written agreement must also be documented in writing and approved by the employee and the department head.
6. The department head will evaluate and adjust alternative work arrangements as needed to meet their organizational and workload needs. Adjustments may be made at any time during the agreement, subject to department head approval.
7. After an employee begins an alternative work arrangement, supervisors must conduct periodic reviews with the employee to evaluate the success of the arrangement.
8. Work hours, overtime compensation, and annual leave schedule must conform to state and federal law, the negotiated terms of the Collective Bargaining Agreement, and the County's policies.
9. Employees must record and report all of their time accurately.
10. ~~Employees are expected to be working during their alternative work schedule without the availability of a direct supervisor and to the extent possible employees must follow all departmental and county policies and procedures during non-standard hours of operation.~~
11. The Alternate Work Arrangement Policy is not a substitute for requests for accommodation due to disability, a serious medical condition, or for some other statutorily proscribed reason. Those requests must be made separately in accordance with County policy and procedure.
12. Alternative Work Arrangement Eligibility:

Characteristics of the employee will include a demonstrated conscientiousness about work time and productivity, self-motivation and the ability to work well alone. The employee communicates effectively with supervisors, co-workers, support staff and public.
13. All other terms set forth in the Collective Bargaining Agreement shall remain in full force and effect except those specifically altered by the terms of this Memorandum of Agreement. This Memorandum of Agreement will supersede should there be a conflict with any terms in the Collective Bargaining Agreement only so long as this Memorandum of Agreement is in effect.
14. Employees who enter into alternative work arrangements are not guaranteed and additional rights or benefits than employees who do not enter in such arrangements, except as provided for by this Memorandum of Agreement.
15. It is understood and agreed that, while the Employer will approach all requests for alternative work arrangements fairly and objectively, such requests are considered on a "case-by-case" basis and are evaluated based on the unique circumstances and criteria as stated herein. Granting

approval for an alternative work arrangement for an employee does not obligate the County to grant a similar arrangement for another employee, no matter how similar the circumstances.


16. This Memorandum of Agreement will remain in effect until and unless the parties mutually agree, in writing, to end alternative work arrangements.

FOR UNION:



Donna Miter, CSEA Union President

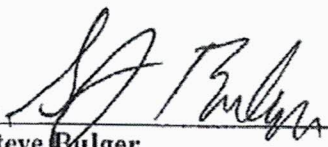
11/17/2022
Date



Diane Selchick, CSEA Labor Relations Specialist

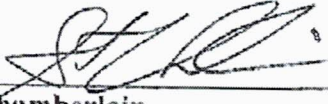
12/1/2023
Date

FOR COUNTY:



Steve Bulger
Saratoga County Administrator

11/21/22
Date



Scot Chamberlain
Director of Human Resources

11/21/22
Date

MEMORANDUM OF AGREEMENT

WHEREAS, the County of Saratoga, (herein referred to as the "County" or "Employer"), and the Civil Service Employees Association Local 1000, AFSCME, AFL-CIO, Local 846, (herein referred to as the "Union") are parties to a Collective Bargaining Agreement; and

WHEREAS, the Employer supports alternative work arrangements and gives authority to selected department heads to implement a flex schedule arrangement, where appropriate, for eligible employees; and

WHEREAS, the Board of Supervisors on October 20, 2020, authorized on a trial basis an Alternative Work Arrangement Policy for County employees in the County Auditor's Office and the Department of Social Services whose duties are capable of being performed outside of the normal work hours of 8:00 am to 4:00 pm or 9:00 am to 5:00 pm; and

WHEREAS, the County Auditor's Office and the Department of Social Services are authorized on a trial bases to employ an Alternative Work Arrangement Policy until the next Board meeting on November 17, 2020; and

WHEREAS, the County and the Union agree as follows:

1. This Memorandum of Agreement is applicable to the Department of Social Services and the Auditor's Department when an alternative work arrangement is feasible and appropriate.
2. An alternate work arrangement means flexible schedule. This arrangement must be agreed to by the department head upon an employee's request seeking to start or end work outside the employer's standard hours of operation. The total number of work hours in the work week and the compensation remain the same.
3. Alternative Work arrangements may be implemented where appropriate and approved by the department head for those employees in the Department of Social Services and the Auditor's Department. Alternative Work arrangements may be made when organizational impacts of such arrangements do not have negative impact on the department's operation. Negative impact means that the mission of the department is impeded by a flexible work schedule or schedules causing a decrease in services, productivity, production or work quality.
4. Alternative Work arrangements are not appropriate for all employees. No employee is entitled to or guaranteed the opportunity to have an Alternative Work schedule. Offering the opportunity for an Alternative Work arrangement is based on the discretion of the employee's department head. An employee's participation is strictly voluntary. Department heads have the authority to either approve or deny the request. All Alternative Work arrangements must meet the criteria of the Saratoga County Alternative Work Arrangement Policy and may be terminated at any time by the department head or the employee. The department head and/or the employee shall endeavor to give 5 days' notice when terminating an Alternative Work arrangement. By participating in this voluntary arrangement, employees agree to the terms of this policy and waive their rights to a grievance process.

5. An employee wishing to request an Alternative Work arrangement shall submit a written request to his/her department head one week from the desired start date. An Alternative Work arrangement must be agreed upon in writing by the department head. Any changes, other than termination of the arrangement, to the written agreement must also be documented in writing and approved by the employee and the department head.
6. The department head will evaluate and adjust Alternative Work arrangements as needed to meet their organizational and workload needs. Adjustments may be made at any time during the agreement, subject to department head approval.
7. After an employee begins an Alternative Work arrangement, supervisors must conduct periodic reviews with the employee to evaluate the success of the arrangement. The initial Alternative Work agreement shall be reviewed and evaluated during the first 30 days.
8. Work hours, overtime compensation, and annual leave schedule must conform to state and federal law and the County's policies.
9. Employees must record and report all of their time accurately.
10. Employees are expected to be working during their Alternative Work schedule without the availability of a direct supervisor and to the extent possible employees must follow all departmental and county policies and procedures during non-standard hours of operation.
11. The Alternate Work Arrangement Policy is not a substitute for requests for accommodation due to disability, a serious medical condition, or for some other statutorily proscribed reason. Those requests must be made separately in accordance with County policy and procedure.
12. Alternative Work Arrangement Eligibility:

Characteristics of the employee will include a demonstrated conscientiousness about work time and productivity, self-motivation and the ability to work well alone. The employee communicates effectively with supervisors, co-workers, support staff and public.
13. This Memorandum of Agreement automatically expires on November 17, 2020, unless the parties mutually agree to extend it. Any agreement to extend me be in writing and executed by both parties.
14. All other terms set forth in the Collective Bargaining Agreement shall remain in full force and effect except those specifically altered by the terms of this Memorandum of Agreement. This Memorandum of Agreement will supersede should there be a conflict with any terms in the Collective Bargaining Agreement only so long as this Memorandum of Agreement is in effect.



Scott Brackett, CSEA Union President

10/27/2020
Date



Spencer Hellwig, County Administrator

10-27-20
Date

Saratoga County

Alternative Work Arrangement Policy

Purpose:

To establish a policy and procedure to facilitate, where appropriate, the use of an alternative work arrangement in order to attract and retain a diverse and talented work force, reduce costs, and improve productivity among employees. Saratoga County supports alternative work arrangements and gives authority to department heads to implement a flex schedule arrangement, where appropriate, for eligible employees.

Policy Statement:

Applicable to all Saratoga County departments where an alternative work arrangement is feasible and appropriate; where an employee's standard work day may be flexed due to employee needs and/or the operational efficiency of a department.

Policy and Procedure

An alternate work arrangement means flexible schedule. This arrangement has been agreed to by the department head and the employee when an employee's schedule is shifted to start or end outside an employee's standard hours of operation. The total number of work hours in the work week and the compensation remain the same.

Alternative Work arrangements may be implemented where appropriate and approved by the department head for eligible employees. Alternative Work arrangements may be made when organizational impacts of such arrangements do not have negative impacts on the department's operation. Negative impact means that the mission of the department is impeded by a flexible work schedule or schedules causing a decrease in services, productivity, production or work quality.

Alternative Work arrangements are not appropriate for all departments. No employee is entitled to, nor guaranteed the opportunity to have an Alternative Work schedule. Offering the opportunity for an Alternative Work arrangement is based on the discretion of the employee's department head. An employee's participation is strictly voluntary. Department heads have the authority to either approve or deny the request. All Alternative Work arrangements must meet the criteria in this policy and may be terminated at any time by the department head or the employee. The department head and/or the employee shall endeavor to give 5 days' notice when terminating an Alternative Work arrangement. By participating in this voluntary arrangement, employees agree to the terms of this policy and waive their rights to a grievance process.

An employee wishing to request an Alternative Work arrangement shall submit a written request to his/her department head one week from the desired start date. An Alternative Work arrangement must be mutually agreed upon in writing by the employee and department head. Any changes, other than termination of the arrangement, to the written agreement must also be documented in writing and approved by the employee and the department head.

Alternative Work agreements must expire on a routine basis, up to a maximum 3 month period. At the expiration of an Alternative Work agreement, the employee may request renewal of the arrangement one week from the desired end date. The request to renew the arrangement must be made in writing.

The department head will evaluate and adjust Alternative Work arrangements as needed to meet their organizational and workload needs. Adjustments may be made at any time during the agreement, subject to department head approval.

After an employee begins an Alternative Work arrangement, supervisors must conduct periodic reviews with the employee to evaluate the success of the arrangement. The initial Alternative Work agreement shall be reviewed and evaluated during the first 30 days. Subsequent Alternative Work agreements shall be reviewed no less than every 3 months.

Work hours, overtime compensation, and annual leave schedule must conform to state and federal law and the County policies.

Employees must record and report all of their time accurately.

Employees are expected to be working during their Alternative Work schedule without the availability of a direct supervisor and to the extent possible employees must follow all departmental and county policies and procedures during non-standard hours of operation.

The Alternate Work Arrangement Policy is not a substitute for requests for accommodation due to disability, a serious medical condition, or for some other statutorily proscribed reason. Those requests must be made separately in accordance with County policy and procedure.

Alternative Work Arrangement Eligibility:

Characteristics of the employee will include a demonstrated conscientiousness about work time and productivity, self-motivation and the ability to work well alone. The employee communicates effectively with supervisors, co-workers, support staff and public.

PROCEDURE:

Action By	Action
Employee	<ul style="list-style-type: none">○ Makes a written request and submits it to Department Head.
Department Head	<ul style="list-style-type: none">○ Reviews request. May request a written analysis of work tasks from employee, or other information needed to evaluate the feasibility of the Alternative Work arrangement.○ Informs employee in writing of denial or granting of request for a flex schedule and service expenses, if applicable, including date the arrangement will be implemented and date it will end. If denied, provides the employee with a written explanation of why the request has been denied.

Alternative Work Agreement

Employee Name

Department Head Name

Union (If applicable)

The parameters of this Alternative Work Agreement are valid for the following period of time, unless terminated early by the Department Head:

<input type="checkbox"/> Initial Trial Period	____/____/____ to ____/____/____
<input type="checkbox"/> Renewal	____/____/____ to ____/____/____

Alternative Work Schedule

It is understood that Alternative Work days must be scheduled in advance and approved by the department head. At certain times, it may be necessary for the Alternative Work schedule to be revised to ensure critical deadlines are met or to attend meetings. Any changes by the employee in the agreed upon schedule must be pre-approved, and when permanent, documented and appended to this Agreement.

This arrangement must be reviewed and renewed to ensure the standards for participation are being followed.

The following Alternative Work schedule is being established:

Alternative Work Days of Week/Month	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
_____ days of the month	
Monday	From: _____ To: _____
Tuesday	From: _____ To: _____
Wednesday	From: _____ To: _____
Thursday	From: _____ To: _____
Friday	From: _____ To: _____
Saturday	From: _____ To: _____
Sunday	From: _____ To: _____

The employee agrees to complete assignments during the Alternative Work Schedule by the agreed upon delivery dates. The employee further agrees to report all time spent working honestly and accurately. The department head/supervisor will provide the alternative worker/ employee with all work assignments.

Additional Departmental Terms

I have reviewed the terms and conditions of the Alternative Work Policy and this Agreement with my department head and voluntarily agree to comply with all of the terms and conditions. The terms of this Agreement will remain in effect until the Agreement is terminated by either of the parties or amended in writing, or the approved remote working period ends.

Department

Date

County Office Address	County Telephone Number
-----------------------	-------------------------

Employee Signature

Department Head Signature



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

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

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

DEPARTMENT: Human Resources

DATE: 11/28/2022

COMMITTEE: Human Resources & Insurance

RE: Amending the Compensation Plan under the Sealer of Weights and Measures.

1. Is a Resolution Required:

Yes, Amendment to Compensation Schedule

2. Proposed Resolution Title:

Deputy Director of Weights and Measures, Grade 9

3. Specific Details on what the resolution will authorize:

Authorizing an amendment of the 2022 Compensation Schedule for the title of Deputy Director of Weights and Measures. This amendment will transfer the title from The CSEA Collective Bargaining Unit, to the Management/Confidential Plan, resulting in a change of salary from CSEA Base (\$45,378) to Grade 9, Base (\$48,603)

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

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
 If yes, budget lines and impact must be provided.
 Any budget amendments must have equal and offsetting entries.

County Administrator's Office Consulted <input type="checkbox"/>

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

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted
- b. Budget year impacted 2022
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

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

Human Resources Consulted

7. Does this item require hiring a Vendors/Contractors: Y N

a. Were bids/proposals solicited: Y N

b. Type of Solicitation

c. Is the vendor/contractor a sole source: Y N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department? Y N N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office
Consulted

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. Supporting Documentation:

Marked-up previous resolution

No Markup, per consultation with County Attorney

Program information summary

Copy of proposal or estimate

Copy of grant award notification and information

Other Memorandum of Agreement

10. Remarks:

MEMORANDUM OF AGREEMENT

WHEREAS, the County of Saratoga, (herein referred to as the "County" or "Employer"), and the Civil Service Employees Association Local 1000, AFSCME, AFL-CIO, Local 846, (herein referred to as the "Union") are parties to a Collective Bargaining Agreement; and

WHEREAS, Appendix D of the Collective Bargaining Agreement, outlines position titles which are excluded from the bargaining unit in addition to part-time, temporary, seasonal employees, employees of the Sheriff's Department, elected officials, appointed employees and all Department Heads; and

WHEREAS, the title of Deputy Director of Weights and Measures is not included in Appendix D; and

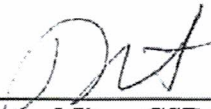
WHEREAS, the official civil service job class specification for the title of Deputy Director of Weights and Measures authorizes an incumbent, in certain circumstances, to act for and in place of the Director, thereby assigning the incumbent duties which may be construed as managerial and/or confidential, as defined by New York State Civil Service Law Article 14 ("The Taylor Law") Section 214; and

~~WHEREAS, based on this assignment of managerial and confidential duties of an incumbent, the Employer and the Union have agreed that the title of Deputy Director of Weights and Measures should be excluded from the bargaining unit; and~~

WHEREAS, the County and the Union agree as follows:

1. Appendix D of the Collective Bargaining Agreement will be modified by this Memorandum of Agreement to include the Department of Weights and Measures, Deputy Director of Weights and Measures, as a position title specifically excluded from the bargaining unit. The text of Appendix D will be modified as such upon the negotiation of a successor Collective Bargaining Agreement to the current Agreement, set to expire on December 31, 2023.
2. The Deputy Director of Weights and Measures, like all deputy department heads in Saratoga County government, is not a title eligible for membership in, or representation by, the CSEA or any other bargaining unit.
3. This Memorandum of Agreement applies only to the title of Deputy Director of Weights and Measures, and should not be construed as limiting or interfering with the Union's right to represent employees allocated to the bargaining unit, to negotiate collectively with the Employer in the determination of terms and conditions of employment on behalf of employees who are members of the bargaining unit, and any other protected union activity or right as defined by the Taylor Law or as enjoyed pursuant to the negotiated terms of the Collective Bargaining Agreement.


FOR UNION:



Donna Miter, CSEA Union President

11/15/2022

Date

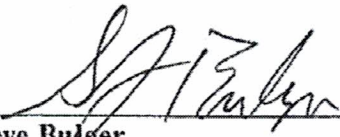


Diane Selchick, CSEA Labor Relations Specialist

12/1/2022

Date

FOR COUNTY:




Steve Bulger

Saratoga County Administrator

11/21/22

Date



Scot Chamberlain
Director of Human Resources

11/21/22

Date



SARATOGA COUNTY

AGENDA ITEM REQUEST FORM

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

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

DEPARTMENT: County Administrator

DATE: 11/22/22

COMMITTEE: Human Resources & Insurance

RE: Authorizing amendments to resolutions 143-2021 and 156-2022

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

1. Is a Resolution Required:

2. Proposed Resolution Title:

See Section 3

3. Specific Details on what the resolution will authorize:

Proposed Title: "Amending resolutions 143-2021 and 156-2022 in order to pay an additional insurance premium related to the County's 2021-2022 Auto Insurance policy."

The annual resolution which authorizes the County's yearly insurance coverages includes a "resolved" section that allows the County Administrator to authorize payments for any additional premiums up to \$5,000. Each year Travelers conducts an audit of the County's auto policy where they assess the number & types of vehicles added or removed during the policy year to determine a net increase/decrease in coverage costs. For the 2021-2022 policy year, the audit determined the County owes an additional \$5,343. With this amount being over the allowable limit, it is requested that this limit be amended to reflect \$15,000 in both the prior years insurance resolution and the current policy resolution (just in case this happens again next year for the 2022-2023 policy). This new amount would be uniform with the Administrator's authority to approve minor contract requests up to \$15,000.

County Attorney's Office
Consulted

4. Is a Budget Amendment needed: YES or NO
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County Administrator's Office
 Consulted

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

Source of Revenue

Fund Balance	State Aid	Federal Aid	Other

5. Identify Budget Impact:

No Budget Impact. Funds are included in the Department Budget

- a. G/L line impacted A.14.991-8639
- b. Budget year impacted 2022
- c. Details

6. Are there Amendments to the Compensation Schedule?

YES or NO (If yes, provide details)

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 hiring a Vendors/Contractors: Y N

a. Were bids/proposals solicited: Y N

b. Type of Solicitation

c. Is the vendor/contractor a sole source: Y N

d. If a sole source, appropriate documentation has been submitted and approved by Purchasing Department? Y N N/A

e. Commencement date of contract term:

f. Termination of contract date:

g. Contract renewal and term:

h. Contact information:

i. Is the vendor/contractor an LLC, PLLC or partnership:

j. State of vendor/contractor organization:

k. Is this a renewal agreement: Y N

l. Vendor/Contractor comment/remarks:

Human Resources Consulted

Purchasing Office Consulted

8. Is a grant being accepted: YES or NO

County Administrator's Office Consulted <input type="checkbox"/>

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. Supporting Documentation:

- Marked-up previous resolution
- No Markup, per consultation with County Attorney
- Program information summary
- Copy of proposal or estimate
- Copy of grant award notification and information
- Other _____

10. Remarks: