Board of Legislators
County Office Building, Room 201
7 Court Street
Belmont, New York 14813
Phone: 585-268-9222

Meetings are being livestreamed right on our website now:
https://alleganyco.gov

PERSONNEL COMMITTEE AGENDA
October 21, 2026, 2:15 p.m.

1. **Pledge of Allegiance**
2. **Roll Call**
3. **Approval of Agenda**
4. **Approval of Minutes**
   - October 7, 2026
5. **Personnel Officer H. Robert Budinger**
   Budget Transfer
6. **Position Requests**
   Junior Accountant – Department of Health
7. **Unfinished Business**
8. **New Business**
9. **Good of the Order**
10. **Adjournment**

Revised: 10/20/2026 3:53 PM

MEMORANDUM

FROM: Human Resources

TO: Carissa M. Knapp, County Administrator/Budget Officer
-and-
Jenna L.Kelley, County Treasurer/Deputy Budget Officer

PLEASE MAKE THE FOLLOWING TRANSFERS:

BUDGET:

From Account No.	To Account No.	Amount
A1430.405 – Conference	A1430.201 – Equipment	$500

Total $ 500

EXPENDITURES:

Check Date	Check #	From Account No.	To Account No.	Amount

Total $ 500

Dept. Authorization: _____ Dated: 14 Oct 2026

Co. Admin/Budget Officer Authorization: C-M.K. Dated: 10-14-26

Committee Authorization: _____ Dated: _____

Submit this form to County Administrator/Budget Officer to authorize individual departmental transfers or funds within any personal services, equipment or contractual expenses appropriation account in amounts of less than $5,000.00 per transaction. All other transactions must have Committee of Jurisdiction approval.

REQUEST TO FILL VACANT POSITION FORM

Meeting Date: 10/21/26

Department: Health **Committee of Jurisdiction:** Human Services

Title of Position: Junior Accountant **Requesting subsequent backfills?** ☒ Yes ☐ No

Will any position(s) be eliminated? ☐ Yes ☒ No **If yes, which position(s):** _____

This position is a:

☒ Vacant position

☐ New position: requesting to create ____ position(s) and fill ____ position(s)

- ☐ This title exists in my department
- ☐ This title is new to my department

This position will be:

1. ☒ Full-Time ☐ Part-Time (anticipated hours per week: _____)
2. ☐ Permanent ☐ Temporary (anticipated end date: _____)
3. ☐ Section IV ☐ Non-Unit ☒ Union Title – Included in the AFSCME bargaining unit.

Grade: 11 **Step:** Base - Step 4 **Hourly Pay Rate:** $22.4459 - $25.2067

Annual Salary: $41,009 - $46,053 **Cost of Benefits:** $18,089 - $20,314

Was this position fully budgeted for the current year? ☒ Yes ☐ No

If no, please identify how the position will be funded:

Source of funding for position: ____% County ____% State 100 % Federal ____% Other

Source of funding for benefits: ____% County ____% State 100 % Federal ____% Other

Does this position support a mandated grant/program? ☐ Yes ☒ No

If yes, legal citation of mandate: _____

Justification for creating and/or filling the position:
Increased workload due to number of grants & cost centers to manage; this position will ensure we are able to file our grant claims timely and assist with budget development for our various cost centers. We will also increase our bandwidth to apply for additional grants. This position is 100% covered by a federal grant from the CDC called the Public Health Infrastructure Grant (PHIG).

Department Head Signature: _____ **Date:** 10/13/2026

Personnel Officer Signature: _____ **Date:** 10/13/2026

County Administrator Signature: C. M. Kyg **Date:** 10/13/2026

County Administrator Recommendation: ☒ Recommend ☐ Do Not Recommend

Committee Chair Recommendation: _____ **Date:** _____

Approvals Required (completed by Human Resources):

☑ Personnel ☐ Legislative Board Standard Workday ☐ 6 ☐ 7 ☐ 8