

NOTICE OF MEETING

HUMAN RESOURCES COMMITTEE
September 25, 2023 3:30 PM

Administration Building
508 New York Avenue
Conference Room 302
Sheboygan WI 53081

Remote Access: +1-216-508-0648

Meeting ID: 411 062 297#

Virtual: <https://meet.google.com/rma-uxpu-bhz>

Members of the Committee may be appearing remotely. Persons wanting to observe the meeting are encouraged to listen remotely.

AGENDA

Call to Order

Certification of Compliance with Open Meeting Law

Approval of Minutes – Monday, September 11, 2023

Rocky Knoll Health Care Center Administrator Kayla Clinton

- Consideration of Change to Table of Organization

Human Resources Director Dave Loomis

- Consideration of Annual Report on Health Insurance
- Consideration of Change to Table of Organization
- Consideration of Vacant Position Request
- Human Resources Department Updates and Comments

Review and Approve Vouchers

Approval of Attendance at Other Meetings or Functions

Adjourn

Prepared by:
Alayne Krause
Recording Secretary

Edward Procek
Committee Chairperson

NOTES: The Committee welcomes all visitors to listen and observe, but only Committee members and those invited to speak will be permitted to speak.

A majority of the members of the County Board of Supervisors or of any of its committees may be present at this meeting to listen, observe and participate. If a majority of any such body is present, their presence constitutes a "meeting" under the Open Meeting Law as interpreted in *State ex rel. Badke v. Greendale Village Board*, 173 Wis. 2d 553 (1993), even though the visiting body will take no action at this meeting.

Wis. Stat. §19.84 requires that each meeting of a governmental body be preceded by a public notice setting forth the time, date, place, and subject matter of meeting. This Notice and Agenda is made in fulfillment of this obligation. Electronic versions of this Notice and Agenda may hyperlink to documents being circulated to members in anticipation of the meeting and are accessible to the public for viewing. Additions, subtractions, or modifications of the hyperlinked materials do not constitute an amendment to the meeting agenda unless expressly set forth in an Amended Notice and Agenda. Members of the public are encouraged to check from time to time before the meeting to see whether the hyperlinked content has been changed from what was originally posted.

Persons with disabilities needing assistance to attend or participate are asked to notify Human Resources, 920.459.3105 prior to the meeting so that accommodations may be arranged.

Posted Friday, September 22, 2023 at 10:00 AM

SHEBOYGAN COUNTY HUMAN RESOURCES COMMITTEE MINUTES

Administration Building
508 New York Avenue – Room 302
Sheboygan WI 53081

September 11, 2023

Called to Order: 3:30 PM

Adjourned: 4:34 PM

MEMBERS PRESENT: Chair Edward Procek, Vice Chair Tom Wegner, Members Carl Nonhof and Kathleen Donovan

MEMBERS ABSENT: Secretary Christian Ellis

ALSO PRESENT: **In Person:** Alayne Krause, Dave Loomis, and Steve Hatton

Remote: None

Chair Procek called the meeting to order at 3:30 PM, in Conference Room 302 of the Administration Building. Chair Procek confirmed the meeting was posted September 8, 2023 at 3:30 PM, in compliance with the open meeting law.

A motion to approve the minutes of August 14, 2023 as presented was made by Supervisor Wegner. Supervisor Donovan seconded the motion. Motion carried.

County Administrator Alayne Krause introduced Dave Loomis as the new Human Resources Director.

County Administrator Alayne Krause reviewed the 2nd Quarter Variance Reports. No action was taken.

County Administrator Alayne Krause presented the proposed 2024 budget for the Employee Benefits. A motion was made by Supervisor Wegner approving the budget proposal as presented. Supervisor Nonhof seconded the motion. Motion carried.

County Administrator Alayne Krause provided an update on the initial periods for several staff in the department, upcoming meetings for potential new employees, the status of one new benefit offering and the enhancement of another existing benefit offering, and reminded the committee of the All Employee Appreciation Picnic occurring next week.

A motion to approve the vouchers as presented was made by Supervisor Donovan. Supervisor Nonhof seconded the motion. Motion carried.

A motion to adjourn was made by Supervisor Wegner. Supervisor Donovan seconded the motion. Motion carried with adjournment at 4:34 PM.

Alayne Krause
Recording Secretary

Christian Ellis
Secretary

**REQUEST FOR CHANGE IN
DEPARTMENTAL TABLE OF ORGANIZATION**

Department: Rocky Knoll	Date: 9/14/23
Effective Date of Change: 9/14/23	

It is strongly suggested that you consult with the Human Resources Department before submitting any request for change in the table of organization to your liaison committee.

TABLE OF ORGANIZATION CHANGE REQUESTED

List all the positions in your department (or a sub-unit of the department) which are either currently on the table of organization or are being proposed as new positions. Each job title should be listed on a separate line. For each job title, list *either* the number of full-time and part-time positions, *or* the authorized FTE, currently on the T/O and the number that will be on the T/O if this request is approved.

JOB TITLE	<i>CURRENT</i>			<i>PROPOSED</i>		
	FT	PT	FTE	FT	PT	FTE
Graduate Licensed Practical Nurse	0	0	0	1	2	2
TOTALS	0	0	0	1	2	2

NEW POSITIONS CREATED

If any new positions are requested, please describe very briefly (one or two sentences) the essential work to be performed by each new position, and give a proposed pay grade (union or non-union) for the position. Consult with the HR Director regarding pay grades for any new classifications.

Rocky Knoll is also requesting the addition of 2 FTE Graduate nurses to help fill open positions in the nursing department. This position provides comprehensive nursing care to all residents based on the administrative and nursing policies under the supervision of a registered nurse. A graduate LPN supports the principles of the nursing process, standards of nursing practice, current state regulations as per HFS132 and federal regulations, and/or the program objectives for the diversified population of the facility. This is a temporary position for a period of 3 months or until the holder receives notification of failing the NCLEX, whichever occurs first. Renewal may be renewed once. Practice under temporary permits, including renewal, may not exceed 6 months total duration.

BUDGET

Identify the specific source of funding for any new or additional positions being requested. Deletion of other positions may be used as a source of funding only if the positions being deleted are specifically identified in your department's budget spreadsheet as submitted to the County Administrator during the budget process.

Job Title	Cost-Rest of Year	Cost-Annual	Source of Funds
Graduate Nurse	\$47,407	\$201,731	Open nursing positions
Total			

RATIONALE

Briefly summarize the reasons for the requested change in the table of organization.

Adding graduate Licensed Practical Nurse positions allows the facility to hire nurses that have graduated from an accredited school of nursing but are waiting to take the nursing boards. This is allowed per state and federal regulations.

ADDITIONAL INFORMATION


Is there any other information that the liaison committee or Human Resources Committee ought to have when considering this change? You may attach additional documentation if you wish.

ACTION TAKEN

Department Head Determination:

Approved Denied


Date: 9/13/23

Signature: 

Liaison Committee Action:

Approved Denied

Date: 9/14/2023

Committee Chair: 

Human Resources Committee:

Approved Denied

Date: _____

Committee Chair: _____

Distribution: After department head determination, distribute to liaison committee with copies to County Administrator and Human Resources Director. After liaison committee approval, submit signed original to Human Resources Director.



ANNUAL REPORT ON HEALTH INSURANCE

Section 2.12(5) of the County Code requires the Human Resources Committee to prepare an annual report in advance of each October County Board meeting summarizing the actual cost of employee health insurance, computing the cost into a monthly rate into various category groups, and recommending rates into the future for single and family groups.

This report and the recommendations were required as part of the necessary administration of the County's self-insurance program. Through the adoption of Resolution No. 21 (2015/16), the County Board determined that it was in the County's best interests to pool its self-insurance program with other counties through the Wisconsin Counties Association Group Health Trust. As a result, Group Health Trust, a fully insured program now assists the County with establishing the annual cost of health insurance.

Sheboygan County is nearing the eighth full year of participation in the Group Health Trust, which has proven to provide Sheboygan County and the employees excellent services. The Group Health Trust's renewal rate of the Sheboygan County Health Plan for 2024 is 3.0%. The Finance Department recommends a health insurance budget increase at 4.5%. This recommendation aligns premium cost and contributions eliminating utilization of the fund balance in 2024. The Human Resources Committee supports the Finance Department recommendation.

Respectfully submitted this 24th day of October, 2023.

SHEBOYGAN COUNTY HUMAN RESOURCES COMMITTEE

Edward Procek, Chairperson

Thomas Wegner, Vice-Chairperson

Christian Ellis, Secretary

Kathleen Donovan, Member

Carl Nonhof, Member

ADDENDUM A

Recommended monthly premium rates for calendar year 2024 are as follows:

<u>Medical and Dental Monthly Premium Rates</u>						
			<u>2023</u>	<u>2024</u>	<u>Dollar Increase / Month</u>	<u>% Increase</u>
Employee Health	Family		\$ 2,519.51	\$ 2,632.17	\$ 112.66	4.5%
	Single		\$ 1,015.65	\$ 1,061.06	\$ 45.41	4.5%
Employee Dental	Family		\$ 135.38	\$ 135.38	\$ -	0.0%
	Single		\$ 54.05	\$ 54.05	\$ -	0.0%
COBRA Health	Family		\$ 2,569.90	\$ 2,684.81	\$ 114.91	4.5%
	Single		\$ 1,035.96	\$ 1,082.28	\$ 46.32	4.5%
COBRA / Retiree Dental	Family		\$ 138.09	\$ 138.09	\$ -	0.0%
	Single		\$ 55.13	\$ 55.13	\$ -	0.0%

REQUEST FOR CHANGE IN DEPARTMENTAL TABLE OF ORGANIZATION

Department: Human Resources	
Request Date: 09/21/2023	Effective Date: 09/25/2023

Consult with the Human Resources Director before submitting to your liaison committee.

REQUESTED CHANGES

List all the positions in your department (or a sub-unit of the department) which are either currently on the table of organization or are being proposed as new positions. For each job title, list *either* the number of full-time and part-time positions, *or* the authorized full-time equivalent, currently on the T/O and the number that will be on the T/O if this request is approved.

JOB TITLE	CURRENT			PROPOSED		
	FT	PT	FTE	FT	PT	FTE
Human Resources Manager	1	0	1.0	0	0	0.0
Senior Human Resources Generalist	0	0	0.0	1	0	1.0
TOTALS	1	0	1	1	0	1

RATIONALE

Briefly summarize the reasons for the requested changes in the table of organization.

The individual who held the position of Manager for many years had significant experience that enabled her to function in a manager capacity. As we likely bring someone in from outside the organization they will not have the same level of organizational knowledge and therefore they will not likely be prepared to function in a manager capacity. We are taking this opportunity to step the position back slightly so there are opportunities for growth within the department.

NEW POSITIONS CREATED

If any new positions are requested, please describe very briefly (a couple sentences) the essential work to be performed by each new position, and give a proposed pay grade for the position. (Consult with HR Director regarding pay grades.)

Functions as the HR business partner to a variety of departments across the County. Acts as a mentor to the HR Generalists and HR Coordinator.

Pay band: C44

BUDGET

Identify the specific source of funding for any additional positions being requested. Deletion of other positions may be used as a source of funding if the positions being deleted have already been approved as part of your operational budget.

<i>Job Title</i>	<i>Cost- Rest of Year</i>	<i>Cost- Annual</i>	<i>Source of Funds</i>
Sr. HR Generalist	\$26,613	\$106,451	Reclassification of budgeted HR Manager

ADDITIONAL INFORMATION

Is there any other information that the liaison committee or Human Resources Committee ought to have when considering this change? You may attach additional documentation if you wish.

N/A

ACTION TAKEN

Department Head Signature 

Date: 09/21/2023

Liaison Committee Signature _____

Date: _____

Human Resources Committee Signature _____

Date: _____

Form Distribution: After department head completes form, distribute to liaison committee with copy to Human Resources Director. After liaison committee approval, submit signed original to Human Resources Director.



VACANT POSITION REQUEST

(To be completed for all vacant positions)

WISCONSIN

Date: 9/21/2023

From: David Loomis

Position Request:

Position Title: Senior Human Resources Generalist

DBM: C44

Reason for Vacancy: Reclassification of HR Manager role

Justification for Filling Position:

The HR Department is reclassifying the role of HR Manager and backfilling the role with a Senior HR Generalist.

Staffing Consideration:

Department has considered all alternate options as it relates to overall staff needs? Yes No

Budget:

Is this position within the Department's annual operating budget? Yes No

If not, please state the amount over budget as well as the proposed source of funds: [Click here to enter text.](#)

Cost:

The annual costs associated with the position (current year wage & benefit rates):

Wages	Benefits	Total
\$79,343	\$27,108	\$106,451

(Note: Costs for health and dental benefits should be net costs, after subtracting revenue from employee contributions.)

County Administrator/Department Head Signature Alayne Krause Date: 09/21/2023

Human Resources Director Signature [Signature] Date: 09/21/2023

If position changed:

Liaison Committee Signature _____ Date: _____

Human Resources Committee Signature _____ Date: _____

Form process if no change to the position:

1. County Administrator/Department Head completes VPR Form and refers form to Human Resources Director for approval.
2. HR Department begins recruitment process.

Form process if position changed:

1. County Administrator/Department Head discusses proposed changes with Human Resources Director.
2. County Administrator/Department Head completes VPR Form & TO Change Form and refers forms to Human Resources Director for approval.
3. County Administrator/Department Head presents VPR & TO Change Forms to Liaison Committee for approval.
4. County Administrator/Department Head presents VPR & TO Change Forms to Human Resources Committee for approval
5. HR Department begins recruitment process.