



BOARD OF COUNTY COMMISSIONERS SPECIAL MEETING AGENDA

June 18, 2024 at 10:00 AM

Commissioners Meeting Room - 401 Main Street, Suite 309, Walsenburg, CO 81089

Office: 719-738-3000 ex 200 | Fax: 719-738-3996

9:00 AM - Road and Bridge Workshop

10:00 AM - PUBLIC MEETING

Join via Google Meet: <https://meet.google.com/pfy-merc-xoc> | Meeting ID: pfy-merc-xoc

1. PLEDGE OF ALLEGIANCE

2. AGENDA APPROVAL

3. CONSENT AGENDA

- a.** Mathius De La Torre Resignation HCSO
- b.** Victoria Sanchez New Hire HCSO
- c.** Tim Pacheco Sick Leave Donation


4. EXECUTIVE SESSION

- a.** For discussion of specialized details of security arrangements or investigations under C.R.S. §24-6-402(4)(d). **Phishing and Financial Security**

5. ADJOURNMENT

6. UPCOMING MEETINGS

- a.** Upon Adjournment - Administration and IT Workshop
- b.** 11 A.M. - Board of Human Services
- c.** 1 P.M. - Public Works and Parks Workshop
- d.** 2 P.M. - Emergency Management Workshop
- e.** 3 P.M. - Land Use and Building Workshop

HUERFANO COUNTY		EFFECTIVE DATE
PAYROLL STATUS CHANGE		6/14/2024
NAME:	Mathius De La Torre	PAYROLL : 7/5/2024
CHANGE OF ADDRESS/PHONE	STREET	
	CITY STATE ZIP	
	TELEPHONE	
CHANGE	FROM <small>(DOES NOT APPLY TO NEW EMPLOYEE)</small>	TO
JOB TITLE	Detention Officer	
DEPARTMENT	Jail	
HOURS		
ANNUAL SALARY	\$34,000.00	
SEMI-MONTHLY SALARY		
HOURLY SALARY		
OTHER SALARY	Non-Exempt	
REASON FOR CHANGE		
NEW HIRE	RESIGNATION	LENGTH OF SERVICE INCREASE
REHIRED	RETIREMENT	REEVALUATION OF CURRENT JOB
PROMOTION	LAYOFF	INTRODUCTORY PERIOD COMPLETED
DEMOTION	ADMINISTRATIVE LEAVE PAID	OTHER
TRANSFER	ADMINISTRATIVE LEAVE UN-PAID	
	TERMINATION	
COMMENTS, IF NECESSARY		
Motion to accept the resignation of Mathius De La Torre effective immediately.		
		
Elected Official/Department Manager		Chairman
6/14/2024		
Date		Date
Date to Finance Office: _____		

HUERFANO COUNTY

GREEN SHEET/STATUS CHANGE	EFFECTIVE DATE
	6/16/2024
NAME: Victoria Sanchez	PAYROLL: 7/5/2024

CHANGE OF ADDRESS/PHONE	STREET
	CITY STATE ZIP
	TELEPHONE


CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB TITLE		Detention Officer
DEPARTMENT		Jail
HOURS		
ANNUAL SALARY		\$34,000.00
SEMI-MONTHLY SALARY		
HOURLY SALARY		
OTHER SALARY		Non-Exempt

REASON FOR CHANGE

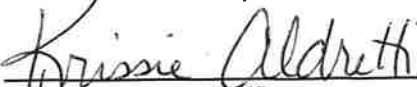
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|---|--|---|
| <ul style="list-style-type: none"> <u>NEW HIRE</u> REHIRED PROMOTION DEMOTION TRANSFER | <ul style="list-style-type: none"> RESIGNATION RETIREMENT LAYOFF ADMINISTRATIVE LEAVE PAID ADMINISTRATIVE LEAVE UN-PAID | <ul style="list-style-type: none"> LENGTH OF SERVICE INCREASE REEVALUATION OF CURRENT JOB INTRODUCTORY PERIOD COMPLETED OTHER |
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COMMENTS, IF NECESSARY

Motion to hire Victoria Sanchez as a Detention Officer within the Jail at an annual salary of \$34,000.00. Contingent upon completion of a CBI background check, and drug screen with a negative result.


 _____ 6/11/2024
 Elected Official / Department Head Date

 John Galusha, Chairman Date


 _____ 6/11/2024
 Human Resources Officer Date

 Budget Officer Date

SICK LEAVE DONATION AND AUTHORIZATION REQUEST FORM

At times, an employee may require extended leave due to his or her own personal needs or to care for a family member. When an employee is on FMLA, they must use their "Sick Leave" to cover any employment days missed.

Accrued and earned Sick Leave may be "donated" from one employee to another in certain circumstances when the Board of County Commissioners has approved the "transfer". If approved, the donation of sick leave will reduce the donating employee's sick leave hours and increase the sick leave balance of the recipient employee. Once the "donation" has been approved and processed the transaction, will be final and cannot be changed regardless of whether the time was utilized by the receiving employee. The maximum numbers of days an employee is able to donate is 30 days or (240 hours max).

Name of employee to receive Sick Leave hours:	Department:
<u>Tim Pacheco</u>	<u>maifance</u>
(Print Name)	

Name of Employee donating Sick Leave hours:	Department:
<u>Craig Jessen</u>	<u>HCSO</u>
(Print Name)	

I hereby request 40 hours of accrued and earned sick leave be deducted from my accrued balance and transferred to the employee listed above. I understand that once this transfer has been processed that I cannot revoke or change this request.

Signatures:

<u>[Signature]</u>	<u>6-10-2024</u>
Donating Employee Signature:	Date Signed

<u>Krisie L. Aldretti</u>	<u>06/10/24</u>
Signature of Supervisor:	Date Signed

_____ Signature of BOCC Chairman:	_____ Date Signed
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