

AGENDA

All items are for discussion and possible action.
Perquimans County Board of Commissioners
Commissioners' Room - Courthouse Annex Building
January 2, 2018
7:00 p.m.

PLEASE NOTE THAT THE
MEETING WILL BE ON TUESDAY
DUE TO THE NEW YEARS' DAY
HOLIDAY.

- I. **Call to Order**
- II. **Prayer & Pledge**
- III. **Approval of Agenda**
- IV. **Consent Agenda**
(Consent items as follows will be adopted with a single motion, second and vote, unless a request for removal of an item or items is made from a Commissioner or Commissioners.)
 - A. **Personnel Matters**
 - 1. Appointment: Tax Clerk
 - 2. Appointment: IMC I working toward IMC II
 - 3. Appointments: Part-Time/Fill-In Paramedics (3)
 - 4. Appointment: Part-Time/Fill-In AEMT
 - 5. Appointments: Part-Time/Fill-In EMT (6)
 - 6. Promotion: Full-Time Paramedics (2)
 - 7. Promotion: Part-Time/Fill-In Paramedics (15)
 - 8. Certification: Deputy (Certified)
 - 9. Resignation: Full-Time Paramedic
 - B. **Step & Merit Increases**
 - 1. Department Head (1)
 - 2. Buildings & Grounds (6)
 - 3. Sheriff's Department (2)
 - C. **Budget Amendments No. 16 – 18**
 - D. **Board Appointments**
 - 1. Agricultural Advisory Board – Commissioner
 - 2. Albemarle District Jail Commission
 - 3. Albemarle Regional Landfill Authority (2)
 - 4. Economic Development Commission – County (2)
 - 5. EMS Advisory Board
 - 6. RPO Transportation Advisory Committee
 - 7. Senior Citizens Advisory Board
 - 8. LEPC Addition
 - E. **Economic Improvement Council's Application for Community Services Block Grant Program**
- V. **PRESENTATIONS**
 - A. **Presentation of Plaques**
 - 1. Delphine Madre, Senior Citizens Coordinator
 - 2. Faye Myers, Senior Citizens Secretary
 - B. **Introduction of New Employee**
 - 1. Beverly Gregory
- VI. **Scheduled Appointments**
 - A. Sharon Smith, Tourism Director
 - B. Bill Jennings, Tax Administrator
 - C. Susan Chaney, Social Services

ACTION
REQUIRED

NO ACTION
REQUIRED

7:00 p.m.

7:05 p.m.

7:10 p.m.

NOTES FROM THE COUNTY MANAGER

January 2, 2018

7:00 p.m.

- IV. **Enclosures.** Items included on the Consent Agenda are enclosed. *If you wish to discuss any of these items, please make that request during the meeting.*
- V. The following presentations/introductions will be made:
- A. Presentations:
- Delphine Madre:** The Chairman will present a plaque to Delphine Madre who retired on December 31, 2017 after 24 years of service with the Senior Center in Perquimans County.
 - Faye Myers:** The Chairman will present a plaque to Faye Myers who retired on December 31, 2017 after 18 years of service with the Senior Center in Perquimans County.
- B. Introduction of Employee:
- Beverly Gregory, Senior Citizens Coordinator:** Ms. Gregory will introduce Penny Trueblood, Assistant Senior Citizens Coordinator, who was appointed effective December 13, 2017.
- VI.A. Sharon Smith, Tourism Director, will give an overview of the 350 year celebration of the Albemarle Area.
- VI.B. **Enclosures.** Bill Jennings, Tax Administrator, will present his Monthly update.
- VI.C. Susan Chaney, Social Services Director, will present her monthly report.
- VIII.A. County Manager Heath will present several updates to the Board.
- IX.A. **Enclosure.** The County has been asked to adopt a Resolution supporting the routing of the future Interstate Highway 87 along US Highway 17 as originally authorized by Congress. Board action is being requested.
- IX.B. **Enclosures.** Kent White has missed too many meetings without valid reasons. Therefore, the Committee is requesting that we appoint another Recreation Advisory Committee – At Large member. We have received the enclosed Statements of Interest to Serve. If you have any other individuals that may be interested in serving on this Committee, please have the individual complete the attached Statement of Interest to Serve and return it to Mary Hunicutt or Frank Heath prior to the February 5th meeting.
- XI. Pursuant to NC General Statute 143-318.11(3), the Board will need to go into Closed Session to discuss a legal matter.

CONSENT AGENDA NOTES

(Consent items as follows will be adopted with a single motion, second and vote, unless a request for removal from the Consent Agenda is heard from a Commissioner)

NOTE: December, 2017 Minutes will be approved at the February meeting.

A. **Enclosures: Personnel Matters**

Employee Name	Employee Job Title	Action Required	Grade/Step	New Salary	Effective Date
Wilma Robbins	Tax Clerk	Appointment	58/6	\$26,299	01/01/2018
Kathleen Brooks	IMC I working toward IMC II	Appointment	61/3	\$27,883	01/01/2018
Clifton Beaman, Jr.	Part-Time/Fill-In Paramedic	Appointment	68/1	\$17.37/hr.	01/01/2018
Janice Brickhouse	Part-Time/Fill-In Paramedic	Appointment	68/1	\$17.37/hr.	01/01/2018
Kathryn Thomas	Part-Time/Fill-In Paramedic	Appointment	68/1	\$17.37/hr.	01/01/2018
Dustin Winslow	Part-Time/Fill-In AEMT	Appointment	66/1	\$15.91/hr.	01/01/2018
Tantina Copeland	Part-Time/Fill-In EMT	Appointment	63/1	\$13.94/hr.	01/01/2018
Codi Griggs	Part-Time/Fill-In EMT	Appointment	63/1	\$13.94/hr.	01/01/2018
Logan Hogge	Part-Time/Fill-In EMT	Appointment	63/1	\$13.94/hr.	01/01/2018
Bernard Joyce	Part-Time/Fill-In EMT	Appointment	63/1	\$13.94/hr.	01/01/2018
Dana Wavra	Part-Time/Fill-In EMT	Appointment	63/1	\$13.94/hr.	01/01/2018
Ashley Weatherford	Part-Time/Fill-In EMF	Appointment	63/1	\$13.94/hr.	01/01/2018
Richard Thrasher	Full-Time Paramedic	Promotion	68/3	\$37,945	01/01/2018
Heather Vanscoy	Full-Time Paramedic	Promotion	68/3	\$37,945	01/01/2018
Theodore Bowen	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018
Linwood Browder	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
Bethany Buttram	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018
Cody Cornelius	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018
Chris Duty	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018
Aaron Grosjean	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018
Walter Meads	Part-Time/Fill-In Paramedic	Promotion	68/7	\$18.70	01/01/2018
Claude Morrissey	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
Gerald E. Newell	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
Jessica Nortman	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
Maria Schwartz	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018

Employee Name	Employee Job Title	Action Required	Grade/Step	New Salary	Effective Date
Martin Surface	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
William Tutwiler, Jr.	Part-Time/Fill-In Paramedic	Promotion	68/2	\$17.80	01/01/2018
Jessica Velvin	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
Jamar Whitaker	Part-Time/Fill-In Paramedic	Promotion	68/1	\$17.37	01/01/2018
Brian Watson	Certified Deputy	Certification	65/1	\$31,667	01/01/2018
Richard Thrasher	Full-Time Paramedic	Resignation			01/26/2018

- B. **Enclosures:** During the Budget process, these step/merit increases was approved for the employee. The following individual is being recommended by their supervisor for merit increase:

Employee Name	Employee Job Title	Grade/Step	New Salary	Effective Date
Nick Lodies	Water Supervisor	74/12	\$61,566	01/01/2018
Mary Curry	Housekeeping Assistant	54/6	\$10.60/hr.	01/01/2018
Cheryl Downing	Housekeeping Assistant	54/6	\$22,053	01/01/2018
Mamic Hurdle	Housekeeping Assistant	54/6	\$10.60/hr.	01/01/2018
Theresa Stallings	Housekeeping Assistant	54/8	\$23,155	01/01/2018
Ester White	Housekeeping Assistant	54/7	\$22,590	01/01/2018
Tammy White	Housekeeping Assistant	54/9	\$23,719	01/01/2018
Kevin Lane	Deputy Sheriff	65/3	\$33,251	01/01/2018
Faran Sawyer	Deputy Sheriff / SRO	65/3	\$ 33,251	01/01/2018

- C. **Enclosure:** Budget Amendment Nos. 16 - 18 are presented for Board action.

- D. **Enclosure:** The following Board appointment/reappointments are being presented for Board action:

NAME	BOARD	ACTION	TERM	EFFECTIVE DATE
Woodard, Charles	Agricultural Advisory Board - Commissioner	Reappointment	3 yrs.	02/01/2018
Muzzulin, Edward	Albemarle District Jail Commission	Reappointment	2 yrs.	02/01/2018
Heath, Frank (alternate)	Albemarle Regional Landfill Authority	Reappointment	4 yrs.	02/01/2018
Muzzulin, Edward	Albemarle Regional Landfill Authority	Reappointment	4 yrs.	02/01/2018
Muzzulin, Edward	Economic Development Commission - County	Reappointment	2 yrs.	02/01/2018
Nelson, Wallace	Economic Development Commission - County	Reappointment	2 yrs.	02/01/2018
Muzzulin, Edward	EMS Advisory Board	Reappointment	2 yrs.	02/01/2018
Muzzulin, Edward	RPO Transportation Advisory Committee	Reappointment	2 yrs.	02/01/2018
Leigh, Fondella	Senior Citizens Advisory Board	Reappointment	2 yrs.	02/01/2018
vonRosenberg, John	Chowan/Perquimans Multi-County LEPC	Appointment	1 yr.	01/01/2018

- E. **Enclosure.** The State requires that Economic Improvement Council (EIC) present their Community Service Block Grant Application to each County within their jurisdiction and request that the Clerk sign the attached Documentation of Submission. **Prior to the meeting, you may review the entire application (100+ pages) in the Clerk to the Board's Office.** The same copy of the application will be available at Tuesday's meeting.

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12-22-17

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: WILMA ROBBINS

SOC. SEC. NO.: _____

POSITION: TAX CLERK

DEPT.: TAX

NEW EMPLOYEE EFFECTIVE DATE: 1-2-2018

GRADE: 58 STEP: 6 SALARY: \$26,299

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. GRADE: _____ STEP: _____ SALARY: _____

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

[Signature]
DATE: 12-22-17

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: Dec 18 2017

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Kathleen Brooks
POSITION: IMC II

SOC. SEC. NO.
DEPT.: Social Services

EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 61 STEP: 3 SALARY: \$ 27,883.00

Ms. Brooks qualifies as an IMC I, Grade 61 work against the IMC II (Grade 63) position for one year.

ENDING DATE OF PROBATIONARY PERIOD:

CURRENT: GRADE: STEP: SALARY:

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND

Date

GRADE: STEP: SALARY: \$

DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)

GRADE: STEP: SALARY: \$

DATE OF EMPLOYEE

RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE:

Date: GRADE: STEP: SALARY: \$

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
Suzanne M Chaney

DATE: December 15, 2017

COUNTY MANAGER APPROVAL
W. Frank Heath, III

DATE: 12/19/17

FINANCE OFFICER

DATE: _____

**PERQUIMANS COUNTY
DEPARTMENT OF SOCIAL SERVICES**

P.O. BOX 107
Hertford, North Carolina 27944

SOCIAL SERVICES BOARD

Terissa J. Blanchard, Chair
Dianne M. Layden
Charles Woodard

252-426-7373 -- FAX 426-1240

DIRECTOR
Susan M. Chaney

MEMORANDUM

Date: December 15, 2017

To: Frank Heath, County Manager
Tracy Mathews, County Finance
Mary Hunnicutt, Clerk to the Board
Nicole Elliott, Fiscal Officer

From: Susan Chaney, Director *Susan Chaney*

Subject: New Employee

Perquimans County Department of Social Services has offered the Income Maintenance Caseworker II, Family & Children's Medicaid position to Ms. Kathleen Brooks and she has accepted the position. Ms. Brooks does not meet the full qualifications of an IMC II and therefore she is hired as an IMC I working against the II position for one year.

The Perquimans County Department of Social Services is pleased to have Ms. Brooks join our agency effective January 1, 2018. Enclosed you will find her Employment Action Form.

If you have any questions, please do not hesitate to contact me at 426-7373 ext. 128.

Perquimans County's Vision

To be a community of opportunity in which to live, learn, work, prosper and play.

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Clifton Earl Beaman, Jr SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 68 STEP: 1 SALARY: \$17.37 per hour

Complete following information only if for new employee.

ADDRESS: 102 Bella Vista Drive

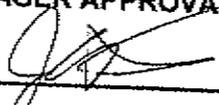
CITY/STATE/ZIP: Edenton, NC 27932

PHONE NUMBER: (252)333-0426

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

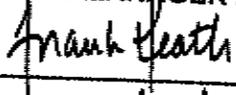


DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Janice H. Brickhouse SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 68 STEP: 1 SALARY: \$17.37 per hour

Complete following information only if for new employee.

ADDRESS: 123 Kimberly Drive

CITY/STATE/ZIP: Edenton, NC 27932

PHONE NUMBER: (252)796-7008

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Kathryn Lynn Thomas SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 68 STEP: 1 SALARY: \$17.37 per hour

Complete following information only if for new employee.

ADDRESS: 115 Schwarzkopf Drive

CITY/STATE/ZIP: Elizabeth City, NC 27909

PHONE NUMBER: (252)619-2737

 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Dustin Allen Winslow SOC. SEC. NO.: _____

POSITION: Part-Time AEMT EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 66 STEP: 1 SALARY: \$15.91 per hour

Complete following information only if for new employee.

ADDRESS: 275 Gulfstream Drive

CITY/STATE/ZIP: Elizabeth City, NC 27909

PHONE NUMBER: (252)455-7843

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Tantina Celestine Copeland SOC. SEC. NO.: _____

POSITION: Part-Time EMT EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 63 STEP: 1 SALARY: \$13.94 per hour

Complete following information only if for new employee.

ADDRESS: 614 Sandy Cross Road

CITY/STATE/ZIP: Hobbsville, NC 27946

PHONE NUMBER: (252)333-9470

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

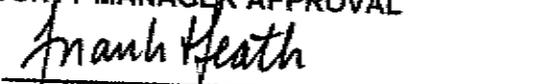


DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Codi Ryan Griggs SOC. SEC. NO.: _____

POSITION: Part-Time EMT EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 63 STEP: 1 SALARY: \$13.94 per hour

Complete following information only if for new employee.

ADDRESS: 540 Lake Road

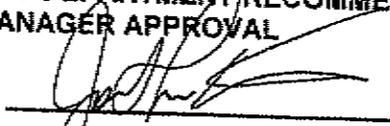
CITY/STATE/ZIP: Hertford, NC 27944

PHONE NUMBER: (252)302-1134

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

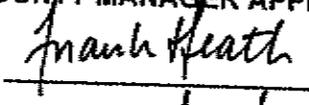


DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Logan Matthew Hogge SOC. SEC. NO.: _____

POSITION: Part-Time EMT EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 63 STEP: 1 SALARY: \$13.94 per hour

Complete following information only if for new employee.

ADDRESS: 223 Melonie Drive

CITY/STATE/ZIP: Elizabeth City, NC 27909

PHONE NUMBER: (252)267-4436

 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

Date

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Bernard Leon Joyce SOC. SEC. NO.: _____

POSITION: Part-Time EMT EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 63 STEP: 1 SALARY: \$13.94 per hour

Complete following information only if for new employee.

ADDRESS: 867 E Ridge Road

CITY/STATE/ZIP: Shawboro, NC 27973

PHONE NUMBER: (757)266-9916

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Dana Ursula Wavra SOC. SEC. NO.: _____
POSITION: Part-Time EMT EMS: X RESCUE: _____
NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017
GRADE: 63 STEP: 1 SALARY: \$13.94 per hour

Complete following information only if for new employee.

ADDRESS: 304 Rhonda Road
CITY/STATE/ZIP: Elizabeth City, NC 27909
PHONE NUMBER: (360)704-9777

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: December 7, 2017

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Ashley Marie Weatherford SOC. SEC. NO.: _____

POSITION: Part-Time EMT EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: December 7, 2017

GRADE: 63 STEP: 1 SALARY: \$13.94 per hour

Complete following information only if for new employee.

ADDRESS: 2508 Dan and Mary Street

CITY/STATE/ZIP: Elizabeth City, NC 27909

PHONE NUMBER: (434)907-3860

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

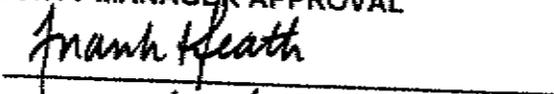


DATE: December 7, 2017

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Richard Thrasher

SOC. SEC. NO.: _____

POSITION: Paramedic

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.
Date

1/1/2018 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 68 STEP: 3 SALARY: \$37,945

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
[Signature]
DATE: January 1, 2018

COUNTY MANAGER APPROVAL
[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Heather Vanscoy

SOC. SEC. NO.: _____

POSITION: Paramedic

DEPT.: EMS

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: _____ STEP: _____ SALARY: _____

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

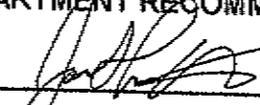
_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/1/2018 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 68 STEP: 3 SALARY: \$37,945

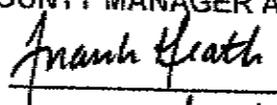
THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION



DATE: January 1, 2018

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Theodore B. Bowen SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

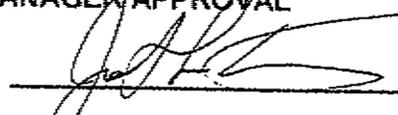
PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

RESCUE SQUAD RECOMMENDATION

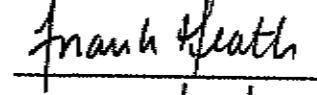


DATE: January 1, 2018

DATE: _____

COUNTY MANAGER APPROVAL

FINANCE OFFICER



DATE: 12/29/17

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Linwood A. Browder SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

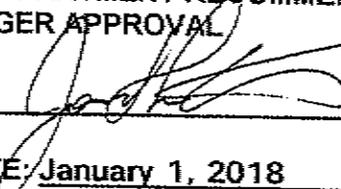
Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

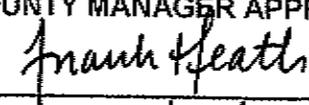
PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Bethany L. Buttram SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

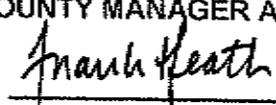


DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Cody W. Cornelius SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

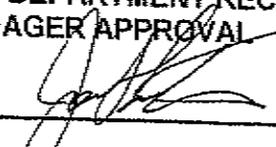
ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

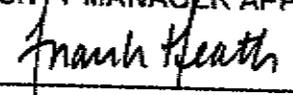
EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL


DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL


DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Chris T. Duty SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL
[Signature]
DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL
[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Aaron J. Grosjean SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]

DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Walter A. Meads SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 4 SALARY: \$ 18.70 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Claude M. Morrissey SOC. SEC. NO.: 1

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Gerald E. Newell SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

Complete following information only if for new employee.

ADDRESS: 101 Flint Trail

CITY/STATE/ZIP: Elizabeth City, NC 27909

PHONE NUMBER: 252-338-4650

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL
[Signature]
DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL
[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Jessica D. Nortman SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

Date

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature: Frank Heath]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Maria Schwartz SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

RESCUE SQUAD RECOMMENDATION

[Signature]
DATE: January 1, 2018

DATE: _____

COUNTY MANAGER APPROVAL

FINANCE OFFICER

[Signature]
DATE: 12/29/17

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Martin S. Surface SOC. SEC. NO.: _____
POSITION: Part-Time Paramedic EMS: X RESCUE: _____
NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018
GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

Complete following information only if for new employee.

ADDRESS: 1614 Crescent Drive
CITY/STATE/ZIP: Elizabeth City, NC 27909
PHONE NUMBER: 252-455-8731

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

RESCUE SQUAD RECOMMENDATION

[Signature]
DATE: January 1, 2018

DATE: _____

COUNTY MANAGER APPROVAL

FINANCE OFFICER

[Signature]
DATE: 12/29/17

DATE: _____

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: William M. Tutwiler, Jr. SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 2 SALARY: \$ 17.80 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).

GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

[Signature]
DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL

[Signature]
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Jessica Hassell Velvin SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

Complete following information only if for new employee.

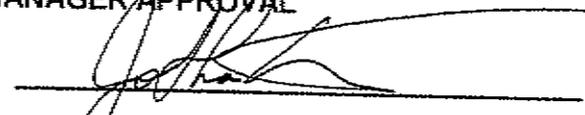
ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
Date GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

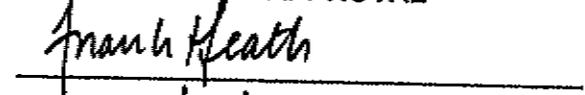


DATE: January 1, 2018

RESCUE SQUAD RECOMMENDATION

DATE: _____

COUNTY MANAGER APPROVAL



DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: January 1, 2018

COUNTY OF PERQUIMANS
PART-TIME EMS/RESCUE EMPLOYEES

NAME: Jamar A. Whitaker SOC. SEC. NO.: _____

POSITION: Part-Time Paramedic EMS: X RESCUE: _____

NEW EMPLOYEE EFFECTIVE DATE: January 1, 2018

GRADE: 68 STEP: 1 SALARY: \$ 17.37 per hour

Complete following information only if for new employee.

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

_____ RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE RAISE DUE TO
Date CERTIFICATION (PER ATTACHED STATE CERTIFICATE OF COMPLETION).
GRADE: _____ STEP: _____ SALARY: _____

EMS DEPARTMENT RECOMMENDATION
MANAGER APPROVAL

RESCUE SQUAD RECOMMENDATION

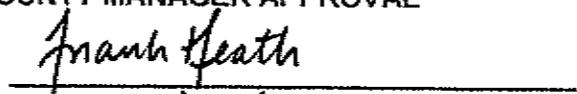


DATE: January 1, 2018

DATE: _____

COUNTY MANAGER APPROVAL

FINANCE OFFICER



DATE: 12/29/17

DATE: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: BRIAN WATSON

SOC. SEC. NO.: _____

POSITION: Deputy / SRO

DEPT.: Sheriff

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 64 STEP: 1 SALARY: \$ 30,304

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.
Date

12/13/17 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 65 STEP: 1 SALARY: \$ 31,667

GRADUATION OF BASIC LAW ENFORCEMENT TRAINING

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]

[Signature]

DATE: 12-13-17

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

Richard Thrasher

142 Tiptoe Rd Edenton NC 27932

Ph: 252-722-6308. Email: blake281@hotmail.com

12/24/2017

Jonathon Nixon

Perquimans County EMS

159 Creek Dr. Hertford NC 27944

Dear Jonathon Nixon,

This is to formally notify you that I am resigning from full time employment at Perquimans County EMS. 01/26/2018 will be my last day as a full-time employee.

This was not an easy decision to make. I am very grateful for the past two years of rewarding employment here at Perquimans County EMS. I wish to remain as a part-time employee if possible. I was offered a position at another agency and have agreed to take it. This is in no way due to being unhappy with the opportunities offered here at Perquimans county EMS. The decision is purely a financial one. I have enjoyed working here. This is a great agency and it will become even better in the years to follow. Hopefully I can still be a part of that in a part-time capacity.

Thank you very much for the opportunity to work here.

Sincerely,

Richard Thrasher EMT-P

EMPLOYMENT ACTION FORM

DATE SUBMITTED: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Charles N. Lories SOC. SEC. NO.: _____

POSITION: Water Supervisor DEPT.: Water Department

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 74 STEP: 11 SALARY: \$60,264

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/1/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 74 STEP: 12 SALARY: \$61,566

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

Frank Heath

DATE: _____

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12/28/17

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Mary Rury

SOC. SEC. NO.: _____

POSITION: Housekeeping Ass't - P/T

DEPT.: Buildings & Grounds

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 54 STEP: 5 SALARY: \$10.34

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/1/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. GRADE: 54 STEP: 6 SALARY: \$10.60

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
Rob E. DMC
DATE: 12-28-17

COUNTY MANAGER APPROVAL
Frank Heath
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Cheryl Downing

SOC. SEC. NO.: _____

POSITION: Housekeeping Ass't

DEPT.: Buildings & Grounds

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 54 STEP: 5 SALARY: \$21,515

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/1/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. Date GRADE: 54 STEP: 6 SALARY: \$22,053

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
Rob. E. J...
DATE: 12-28-17

COUNTY MANAGER APPROVAL
Frank Heath
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Mamie Hurdle

SOC. SEC. NO.: _____

POSITION: Housekeeping Ass't

DEPT.: Buildings + Grounds

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 54 STEP: 5 SALARY: \$10.34

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/1/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. Date GRADE: 54 STEP: 6 SALARY: \$10.60

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
Rob E. [Signature]
DATE: 12-28-17

COUNTY MANAGER APPROVAL
Frank Heath
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Theresa Stallingi

SOC. SEC. NO.: _____

POSITION: Housekeeping Ass't

DEPT.: Buildings & Grounds

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 54 STEP: 7 SALARY: \$ 22,590

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

11/1/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. Date GRADE: 54 STEP: 8 SALARY: \$23,155

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

[Signature]

DATE: 12-28-17

COUNTY MANAGER APPROVAL

[Signature]

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Ester White

SOC. SEC. NO.: _____

POSITION: Housekeeping Asst

DEPT.: Buildings + Grounds

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 54 STEP: 6 SALARY: \$22,053

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/1/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. Date GRADE: 54 STEP: 7 SALARY: \$22,590

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

COUNTY MANAGER APPROVAL

[Signature]

[Signature]

DATE: 12-28-17

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: _____

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Sammy White

SOC. SEC. NO.: _____

POSITION: Housekeeping Assistant

DEPT.: Building & Grounds

NEW EMPLOYEE EFFECTIVE DATE: _____

GRADE: _____ STEP: _____ SALARY: _____

ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 54 STEP: 8 SALARY: \$23,155

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS. GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4) GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.

1/18/18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE. GRADE: 54 STEP: 9 SALARY: \$23,719

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
Rob S. [Signature]
DATE: 12-28-17

COUNTY MANAGER APPROVAL
Frank Heath
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12-29-17

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Kevin Lane

SOC. SEC. NO.: _____

POSITION: Deputy

DEPT.: Sheriff

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 65 STEP: 2 SALARY: 32460

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.
Date

1-18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 65 STEP: 3 SALARY: 33,251

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION
Shelton
DATE: 12-28-17

COUNTY MANAGER APPROVAL
Frank Heath
DATE: 12/29/17

FINANCE OFFICER

DATE: _____

EMPLOYMENT ACTION FORM

DATE SUBMITTED: 12-29-17

COUNTY OF PERQUIMANS

STATUS: NEW EMPLOYEE/PROBATIONARY PERIOD/MERIT RAISE

NAME: Farah Sawyer

SOC. SEC. NO.: _____

POSITION: S/O / Deputy

DEPT.: Sheriff

NEW EMPLOYEE EFFECTIVE DATE: _____
GRADE: _____ STEP: _____ SALARY: _____
ENDING DATE OF PROBATIONARY PERIOD: _____

CURRENT: GRADE: 65 STEP: 2 SALARY: 32,460

JOB PERFORMANCE EVALUATION

YEAR 1 2 3 4 (CIRCLE)

_____ DATE OF SUCCESSFUL COMPLETION OF PROBATIONARY PERIOD AND RECOMMENDATION BY DEPARTMENT FOR PERMANENT STATUS.
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF ANNUAL EVALUATION AND RECOMMENDATION FOR STEP RAISE. (YEAR 2 3 4)
Date GRADE: _____ STEP: _____ SALARY: _____

_____ DATE OF EMPLOYEE TERMINATION DUE TO UNSUCCESSFUL PROBATIONARY PERIOD.
Date

1-1-18 RECOMMENDATION AND EFFECTIVE DATE FOR EMPLOYEE MERIT RAISE.
Date GRADE: 65 STEP: 3 SALARY: 33,251

THE ABOVE NAMED COUNTY EMPLOYEE IS BEING RECOMMENDED FOR THE INCREASE IN SALARY LISTED ABOVE BASED ON HIS/HER WORK PERFORMANCE EVALUATION COMPLETED: _____ PER THE COUNTY PERSONNEL POLICY.

DEPARTMENT RECOMMENDATION

Shelton Whit

DATE: 12-28-17

COUNTY MANAGER APPROVAL

Frank Heath

DATE: 12/29/17

FINANCE OFFICER

DATE: _____

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
GENERAL FUNDS
NO. 16

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 2nd DAY OF JANUARY, 2018, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2017 - 2018 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
10-348-000	DSS - State Grants	1,713	
10-610-198	LIEAP - Low Income Energy Ass't.	1,713	
EXPLANATION: To amend FY 17/18 budget to reflect actual LIEAP funds allocated by the State for Perquimans.			

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, 2nd DAY OF JANUARY, 2018.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON 2nd DAY OF JANUARY, 2018.

 Chairman, Board of Commissioners

 Finance Officer

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
GENERAL FUNDS
NO. 17

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 2nd DAY OF JANUARY, 2018, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2017 - 2018 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
10-592-061	Retirees Hosp - EMS	4,590	
10-592-060	EMS Group Insurance		4,590
EXPLANATION: To budget for retiree hospitalization (I. Harris) for FY 17/18.			

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, 2nd DAY OF JANUARY, 2018.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON 2nd DAY OF JANUARY, 2018.

BUDGET AMENDMENT
PERQUIMANS COUNTY BOARD OF COMMISSIONERS
WATER FUNDS
NO. 18

THE PERQUIMANS COUNTY BOARD OF COMMISSIONERS AT A MEETING ON THE 2nd DAY OF JANUARY, 2018, PASSED THE FOLLOWING AMENDMENTS TO THE FY 2017 - 2018 BUDGET.

CODE NUMBER	DESCRIPTION OF CODE	AMOUNT	
		INCREASE	DECREASE
35-348-003	DOT Reimbursement - WaterLine	100,000	
35-720-339	NCDOT Bridge Project	100,000	
EXPLANATION: To budget funds for Creek Drive Bridge Project with NCDOT for FY 17/18. (County to get reimbursed by DOT to move lines for Bridge Project.)			

WE, THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY, HEREBY ADOPT AND APPROVE, BY RESOLUTION, THE CHANGES IN THE COUNTY BUDGET AS INDICATED ABOVE, AND HAVE MADE ENTRY OF THESE CHANGES IN THE MINUTES OF SAID BOARD, 2nd DAY OF JANUARY, 2018.

PASSED BY MAJORITY VOTE OF THE BOARD OF COUNTY COMMISSIONERS OF PERQUIMANS COUNTY ON 2nd DAY OF JANUARY, 2018.

 Chairman, Board of Commissioners

 Finance Officer



PERQUIMANS COUNTY EMERGENCY SERVICES

P.O. Box 563 - 159 Creek Drive - Hertford, NC 27944

(252) 426-5646 Phone - (252) 426-3306 Fax

Jonathan A. Nixon, Director

To: Mary Hunnicutt
Clerk to the Board

From: Jonathan A. Nixon
Emergency Services Director

Date: December 6, 2017

Re: Chowan/Perquimans LEPC 2018 Roster Addition

Please add this additional member to the Chowan/Perquimans Local Emergency Planning Committee roster.

NAME	BOARD	ACTION	TERM	EFFECTIVE DATE
vonRosenberg, John	Chowan/Perquimans Multi-County LEPC	Appointment	1 yr.	1/1/2018

Economic Improvement Council Inc.



**Community Services Block Grant [CSBG]
Documentation of Submission to County Commissioners**

Background: The North Carolina Administrative Code [10A NCAC 97C.0111 (b)(1)(A)] requires that each CSBG grant recipient submit its Community Anti-Poverty Plan [grant application] to each County Commissioner Board that it serves.

Instructions: This form is to be completed and notarized by the Clerk to the Board.

Agency Name: _____

County: _____

Date of Application Submission: _____

[Note: This application should be submitted to the County Commissioners at least thirty [30] days prior to application submission to the Office of Economic Opportunity [OEO]. The grant application is due to OEO February 12, 2018.

Clerk to the Board should initial all items below.

_____ The agency submitted a complete grant application for Commissioner review.

_____ The Clerk to the Board will be responsible for assuring that the application is distributed to the Commissioners.

_____ Commissioners' comments provided those to the agency. (If applicable)

Clerk to the Board

Date

Notary

Date

PRESENTED
TO
ALICE DELPHINE MADRE
IN
RECOGNITION OF HER TWENTY-FOUR YEARS
OF SERVICE WITH
THE SENIOR CENTER
OF PERQUIMANS COUNTY
BY PERQUIMANS COUNTY BOARD OF COMMISSIONERS
JANUARY 2, 2018

PRESENTED
TO
FRANCES FAYE MYERS
IN
RECOGNITION OF HER EIGHTEEN YEARS
OF SERVICE WITH
THE SENIOR CENTER
OF PERQUIMANS COUNTY
BY PERQUIMANS COUNTY BOARD OF COMMISSIONERS
JANUARY 2, 2018



MARY P. HUNNICUTT
CLERK TO BOARD

W. FRANK HEATH, III
COUNTY MANAGER

PERQUIMANS COUNTY BOARD OF COMMISSIONERS

P.O. BOX 45
HERTFORD, NORTH CAROLINA 27944
TELEPHONE: 1-252-426-7550

WALLACE E. NELSON
CHAIRMAN

FONDELLA A. LEIGH
VICE CHAIR

JOSEPH W. HOFFLER

T. KYLE JONES

EDWARD R. MUZZULIN

CHARLES WOODARD

W. HACKNEY HIGH, JR.
COUNTY ATTORNEY

Resolution Supporting the Routing of Future Interstate Highway 87 Along US Highway 17 As Originally Authorized By Congress

WHEREAS, one of the missions of Perquimans County is to improve the economic well-being of the citizens of Perquimans County by marketing business opportunities in our area to high-wage employers nationally and by helping interested companies, local as well as national, realize those opportunities; and

WHEREAS, Perquimans County recognizes the significant role that transportation plays in the economic well-being of a community; and

WHEREAS, proximity to an Interstate Highway in particular plays a major role in the relocation and expansion decisions of manufacturers, distributors and other high wage employers; and

WHEREAS, Congress' recent designation of US Highway 17 as the future Interstate Highway 87 will greatly aid Perquimans County's mission to attract these types of businesses and employers; and

WHEREAS, the Interstate Highway 87 route authorized by Congress is further enhanced by the economic opportunities created by Perquimans County's recent inclusion in the Port of Virginia's Foreign Trade Zone; and

WHEREAS, the primary transportation objective of constructing Interstate Highway 87 is to provide the most efficient transportation corridor possible between the metropolitan areas of Norfolk and Raleigh; and

WHEREAS, Segment 10 A, described as an alternative route to Segment 10, appeared October 26 on the North Carolina Department of Transportation's Interstate Highway 87 project update on the Department Web site; and

WHEREAS, adoption of this alternative route would require Congressional action, delaying the project by at least a year and possibly longer, and

WHEREAS, Segment 10 A would add six miles to the more direct route down US 17 as authorized by Congress; and

WHEREAS, Segment 10 A would further route motorists through significantly more local traffic congestion than the route authorized by Congress; and

WHEREAS, the cost of right-of-way along this more congested route would significantly raise the project's cost; and

WHEREAS, substituting seven additional miles of new construction through swampy terrain rather than simply upgrading an existing four-lane highway as authorized by Congress would also significantly raise the project's construction costs;

NOW, THEREFORE BE IT RESOLVED that Perquimans County strongly supports moving ahead with the original route along US Highway 17 as authorized by Congress. Perquimans County also supports the initiation of the Interstate construction at the Virginia line, working back south towards Perquimans County. Lastly, Perquimans County would be in favor of a later connector to State Highway 168 and Currituck County, after the Interstate Construction is complete and additional funds become available.

Adopted this the 2nd day of January, 2018, in Perquimans County, North Carolina.

Wallace E. Nelson, Chairman
Perquimans County Board of Commissioners

ATTEST:

Mary P. Hunnicutt, Clerk to the Board

Perquimans County's Vision:

To be a community of opportunity in which to live, learn, work, prosper and play.

From: Howard Williams [mailto:hwilliams@perquimanscountync.gov]
Sent: Friday, December 29, 2017 11:35 AM
To: Mary Hunnicutt
Subject: Re: Interest in Service

No, Mr. White has missed to many meetings without any explanation.

From: Mary Hunnicutt <mhunnicutt@perquimanscountync.gov>
To: 'Howard Williams' <hwilliams@perquimanscountync.gov>
Sent: 12/29/2017 8:59 AM
Subject: RE: Interest in Service

Thanks, did Mr. White provide you all with a letter of resignation? His term does not expire until June, 2018. If you have a resignation letter, please provide me with a copy.

Thanks.
 Mary

From: Howard Williams [mailto:hwilliams@perquimanscountync.gov]
Sent: Friday, December 29, 2017 8:53 AM
To: Mary Hunnicutt
Subject: Re: Interest in Service

Yes Mandy is off this week. Kent White's at large seat is open. I believe Mandy has sent Frank information on a possible representative. Mrs. Wheeler is recommended for the spot.

From: Mary Hunnicutt <mhunnicutt@perquimanscountync.gov>
To: Howard Williams <hwilliams@perquimanscountync.gov>
Sent: 12/28/2017 4:34 PM
Subject: FW: Interest in Service

I sent this to Mandy this morning but have not heard from her. Did not know if she was off this week. Can you let me know if we have a vacancy on the Recreation Advisory Committee?

Thanks.
 Mary

From: Mary Hunnicutt [mailto:mhunnicutt@perquimanscountync.gov]
Sent: Thursday, December 28, 2017 11:59 AM
To: 'Amanda Layden'
Subject: RE: Interest in Service

Mandy,

Do we have an opening on the Recreation Advisory Board? Looking at the following list, I do not see any of their terms ending until next year. Just checking.

Name	Committee	Terms	Appt.	Expiration
Reed, Debbie	Recreation Advisory Committee - At Large	3 yrs.	7/1/2016	6/30/2019
White, Kent	Recreation Advisory Committee - At Large	3 yrs.	7/1/2015	6/30/2018
White, Pete	Recreation Advisory Committee - At Large	3 yrs.	7/1/2015	6/30/2018
Lassiter, Rodney	Recreation Advisory Committee - Belvidere	3 yrs.	7/1/2017	6/30/2020
Proctor, Jeff	Recreation Advisory Committee - Bethel	3 yrs.	7/1/2017	6/30/2020
Leigh, Fondella	Recreation Advisory Committee - Commissioner	3 yrs.	7/1/2017	6/30/2020
Aples, Archie	Recreation Advisory Committee - Hertford	3 yrs.	7/1/2016	6/30/2019
Nixon, Chad	Recreation Advisory Committee - New Hope	3 yrs.	7/1/2015	6/30/2018
Smith, April	Recreation Advisory Committee - Parksville	3 yrs.	7/1/2017	6/30/2020
Congdon, Steav	Recreation Advisory Committee - Winfall	3 yrs.	7/1/2016	6/30/2019

If someone has resigned, I will need a copy of their resignation letter so that I would be able to keep track of who is on this committee. Frank & I were discussing this today and decided that we will mention it to the Board on Tuesday evening at their meeting and ask if they have any other individuals that they would recommend. The appointment would probably not be made until the February meeting. Therefore, I would need to know who resigned so that I can let them know who is being replaced.

I hope I am making sense. My mind is so full right now.

Thanks.
 Mary

STATEMENT OF INTEREST TO SERVE

If you are a Perquimans County resident and would like to volunteer your time and expertise to your community, please complete and return to:

Perquimans County Board of Commissioners
c/o Clerk to the Board
P.O. Box 45
Hertford, NC 27944

Please list in order of preference the Boards and Commissions for which you would be willing to serve:

1. Recreation Advisory Committee
2. Albemarle District Jail Commission
3. Planning Board
4. _____

Your full name Quentin Jackson

Date of Birth July 3, 1985

Mailing Address 310 S. Church St

City and Zip Code Hertford 27944

Home Phone _____ Work Phone (252) 338-7378 Cell Phone (252) 377-7403

Current Job Title Director's Assistant/owner

Company or Agency _____

Email Address QJACKSON@TownofHertfordnc.com

Do you live in the county? Yes No

Please list the name of your Township East Hertford

(This information can be obtained from the Tax Office at (252) 426-7010)

Educational Background 3yrs U.S Army - Pitt Community College -
East Carolina - Fayetteville Tech

Work Experience Funeral Services 9years Used Car Dealer 4yrs

Satelite Mechanic 2 1/2 yrs Trucking 4yr

Prior Board/Committee Experience America Legion Executive Comm

NAACP Board Brotherhood Lodge 103 Executive Comm.

This "Statement of Interest to Serve" will remain active for two (2) years from date received in the County Manager's Office.

If I am appointed to serve on one or more boards, I will agree by signing an Affirmation of Understanding, to attend the required number of meetings each calendar year and not to exceed unexcused absences as set forth by the by-laws or rules for that Board.

Quentin Jackson
Signature

12-12-14
Date

Please feel free to attach a resume or additional information if so desired.

STATEMENT OF INTEREST TO SERVE

If you are a Perquimans County resident and would like to volunteer your time and expertise to your community, please complete and return to:

Perquimans County Board of Commissioners
c/o Clerk to the Board
P.O. Box 45
Hertford, NC 27944

Please list in order of preference the Boards and Commissions for which you would be willing to serve:

1. Recreation Advisory Board 3. _____
2. Chamber of Commerce 4. _____

Your full name Kathryn Kerr Wheeler
Date of Birth 2/14/1962
Mailing Address 263 Riverwood Dr.
City and Zip Code Hertford NC 27944
Home Phone 426-7985 Work Phone 384-4611 Cell Phone 252-916-4258
Current Job Title Director of Pharmacy Operations
Company or Agency Sentara Albemarle Medical Center
Email Address KKWheeler49@gmail.com

Do you live in the county? Yes No

Please list the name of your Township Hertford
(This information can be obtained from the Tax Office at (252) 426-7010)

Educational Background UNC-Chapel Hill School of Pharmacy 1980-1985
West Montgomery High School 1975-1980

Work Experience Sentara Albemarle Medical Center
State of NC, Murdoch Developmental Center

Prior Board/Committee Experience Albemarle Family YMCA Advisory Bd, present
HGS PTA - VP. 2016-17 school year

This "Statement of Interest to Serve" will remain active for two (2) years from date received in the County Manager's Office.

If I am appointed to serve on one or more boards, I will agree by signing an Affirmation of Understanding, to attend the required number of meetings each calendar year and not to exceed unexcused absences as set forth by the by-laws or rules for that Board.

Kathryn Wheeler
Signature

12/15/17
Date

Please feel free to attach a resume or additional information if so desired.

Kathryn Kerr Wheeler
263 Riverwood Drive
Hertford, North Carolina, 27944
Phone: H-(252) 426-7985, C-(252) 916-4258
Email: kkwheeler49@gmail.com

EDUCATION

1980-1985 UNC-CH School of Pharmacy, Chapel Hill, NC, Bachelor of Science in Pharmacy

PROFESSIONAL EXPERIENCE

2008-present Director of Pharmacy Operations, Sentara Albemarle Medical Center, Elizabeth City, NC

- Responsible for planning and organizing the operations of the Pharmacy Services department which includes inpatient clinical pharmacist services, pharmacy driven medication reconciliation, anticoagulation therapy management, closed loop medication administration and transitional care pharmacy services
- Responsible for annual budget planning utilizing data on current costs as well as future projections (i.e. labor, drugs, and supplies)
- Responsible for the development and implementation of policies and procedures for pharmacy services consistent with organizational, departmental, and regulatory objectives
- Prepare, recommend, and coordinate the development of personnel, pharmaceutical, and capital budget based on departmental needs and requirements
- Responsible for meeting monthly pharmaceutical cost savings strategies through implementation of clinical initiatives and streamlining pharmacy workflow
- Remain current with laws governing pharmacy in North Carolina and ensures policies, standards, and processes are in compliance and consistent with the goals of the organization
- Develop and maintain close relationships within the interdisciplinary team in order to affectively meet hospital and pharmacy goals and initiatives
- Manage employee performance by providing recognition, coaching, feedback, and implementation of the performance improvement processes when necessary
- Responsible for operating a best practices service within the confines of budget and staffing constraints by identifying and analyzing trends as well as providing employees the skills and opportunity to enhance their knowledge and facilitate new methods to enhance their professional growth

2002-2008 Manager of Pharmacy Operations, Albemarle Hospital, Elizabeth City, NC

- Assist the Director of Pharmacy with supervising, coordinating, training, and staffing the pharmacy services department.
- Provide direct supervision to nine certified pharmacy technicians and guidance to five

clinical pharmacists.

- Maintain and develop the policy and procedures for the operation of automated drug dispensing systems as well as providing oversight of usage and review of necessary reports.
- Facilitate Customer Service training to hospital employees.
- Served as a preceptor to UNC Chapel Hill Pharm D Candidates

2001-2002 Clinical Pharmacist, Albemarle Hospital, Elizabeth City, NC

- Quality check and dispense physician orders; screening for drug interactions, inappropriate doses, and allergies
- Manage medication therapy for patients on aminoglycosides, vancomycin, warfarin, and parenteral nutrition.
- Professionally supervise pharmacy technicians
- Participate in nurse educational in-services
- Provide drug information to physicians, nurses, treatment team members,
- Provide on call services to the facility after hours

1998-2001 Director, Pharmacy Services, Murdoch Center, Butner, NC

- Manage all aspects of pharmacy operations of 600+ bed facility including supervision of four clinical pharmacists and five pharmacy technicians, drug distribution, record management, purchasing and inventory control
- Coordinate clinical pharmacist services including the drug regimen review process, neuropsychiatric reviews, nursing in-services and educational events, annual pharmaceutical care plans, medication pass observations, and medication station inspections
- Co-Chair of the Pharmacy and Therapeutics Committee with the duty of preparing the agenda, providing supplemental material for committee members
- Serve on standing committees including Research, Infection Control, Records, Emergency Intervention, and Neuropsychiatric Training and Review
- Prepare policies and procedures including medication error reporting, informed consent for medications, controlled drug distribution and key control
- Provide clinical services to behaviorally advanced and autistic children and adults

1986-1998 Clinical Pharmacist, Murdoch Center, Butner, NC

- Quality check and dispense physician orders; screening for drug interactions, inappropriate doses, and allergies
- Conduct quarterly drug regimen reviews, annual pharmaceutical care plans, and quarterly Neuropsychiatric Behavioral Reviews

- Professionally supervise pharmacy technicians
- Participate in nurse orientation and educational in-services
- Provide drug information to physicians, nurses, treatment team members, guardians, and family members
- Observe and evaluate medication passes by nursing staff
- Provide on call services to the center after hours

Feb 1986-Dec 1986 Staff Pharmacist, Wake County Medical Center, Raleigh, NC

- Filled and compounded medications in a clinical environment including cardioplegic solutions, parenteral nutrition, chemotherapy, and anesthesiology kits
- Provide drug information to physician, nurses, and medical students
- Provide outpatient services to the public
- Provide clinical and dispensing services to Intensive Care units from a satellite pharmacy

Professional memberships

- 2001 - present American Society of Health-Systems Pharmacists
- 2000 - present North Carolina Association of Pharmacists
- 2015 - 2016 Member, National Association of Professional Women
- 2000 - 2001 Four County Pharmaceutical Association, Vice President and Director of Continuing Education, 2001
- 1986 - 2001 State Employees' Association of North Carolina, Delegate to Annual Convention, 2001, EMPAC Chair, 2001

Civic/ Personal Involvement

- 2010 - present Albemarle Family YMCA Board of Directors, Vice Chair 2013
- 2009 - 2012 Perquimans County Girl Scout Leader
- 2012 - 2016 Member, Perquimans Central School Parent Teacher Association, Vice President, school year 2016-17
- 2010 - present Member, Hertford United Methodist Church
- Present, Parent Leader, Coastal NEC Volleyball Club

§ 143-318.11. Closed sessions.

(a) Permitted Purposes. - It is the policy of this State that closed sessions shall be held only when required to permit a public body to act in the public interest as permitted in this section. A public body may hold a closed session and exclude the public only when a closed session is required:

- (1) To prevent the disclosure of information that is privileged or confidential pursuant to the law of this State or of the United States, or not considered a public record within the meaning of Chapter 132 of the General Statutes.
- (2) To prevent the premature disclosure of an honorary degree, scholarship, prize, or similar award.
- (3) To consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body, which privilege is hereby acknowledged. General policy matters may not be discussed in a closed session and nothing herein shall be construed to permit a public body to close a meeting that otherwise would be open merely because an attorney employed or retained by the public body is a participant. The public body may consider and give instructions to an attorney concerning the handling or settlement of a claim, judicial action, mediation, arbitration, or administrative procedure. If the public body has approved or considered a settlement, other than a malpractice settlement by or on behalf of a hospital, in closed session, the terms of that settlement shall be reported to the public body and entered into its minutes as soon as possible within a reasonable time after the settlement is concluded.
- (4) To discuss matters relating to the location or expansion of industries or other businesses in the area served by the public body, including agreement on a tentative list of economic development incentives that may be offered by the public body in negotiations. The action approving the signing of an economic development contract or commitment, or the action authorizing the payment of economic development expenditures, shall be taken in an open session.
- (5) To establish, or to instruct the public body's staff or negotiating agents concerning the position to be taken by or on behalf of the public body in negotiating (i) the price and other material terms of a contract or proposed contract for the acquisition of real property by purchase, option, exchange, or lease; or (ii) the amount of compensation and other material terms of an employment contract or proposed employment contract.
- (6) To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee or prospective public officer or employee; or to hear or investigate a complaint, charge, or grievance by or against an individual public officer or employee. General personnel policy issues may not be considered in a closed session. A public body may not consider the qualifications, competence, performance, character, fitness, appointment, or removal of a member of the public body or another body and may not consider or fill a vacancy among its own membership except in an open meeting. Final action making an appointment or discharge or removal by a public body having final authority for the appointment or discharge or removal shall be taken in an open meeting.
- (7) To plan, conduct, or hear reports concerning investigations of alleged criminal misconduct.
- (8) To formulate plans by a local board of education relating to emergency response to incidents of school violence or to formulate and adopt the school safety components of school improvement plans by a local board of education or a school improvement team.
- (9) To discuss and take action regarding plans to protect public safety as it relates to existing or potential terrorist activity and to receive briefings by staff members, legal counsel, or law enforcement or emergency service officials concerning actions taken or to be taken to respond to such activity.

(b) Repealed by Session Laws 1991, c. 694, s. 4.

(c) Calling a Closed Session. - A public body may hold a closed session only upon a motion duly made and adopted at an open meeting. Every motion to close a meeting shall cite one or more of the permissible purposes listed in subsection (a) of this section. A motion based on subdivision (a)(1) of this section shall also state the name or citation of the law that renders the information to be discussed privileged or confidential. A

motion based on subdivision (a)(3) of this section shall identify the parties in each existing lawsuit concerning which the public body expects to receive advice during the closed session.

(d) Repealed by Session Laws 1993 (Reg. Sess., 1994), c. 570, s. 2. (1979, c. 655, s. 1; 1981, c. 831; 1985 (Reg. Sess., 1986), c. 932, s. 5; 1991, c. 694, ss. 3, 4; 1993 (Reg. Sess., 1994), c. 570, s. 2; 1995, c. 509, s. 84; 1997-222, s. 2; 1997-290, s. 2; 2001-500, s. 2; 2003-180, s. 2; 2013-360, s. 8.41(b).)

FOR
INFORMATION
ONLY
ITEMS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

December 18, 2017

Jonathan Nixon
EMS System Administrator
159 Creek Drive
Hertford, NC 27944

Dear Mr. Nixon,

Our staff has reviewed the system modification application upgrading Perquimans County EMS & Rescue (agency # 0720261) to the Paramedic level of care in the Perquimans County EMS System. I am pleased to inform you that this application is approved.

Perquimans County EMS & Rescue may begin providing Paramedic level service immediately. Our staff commends the hard work and dedication that has gone into upgrading the level of care to the citizens served by this agency.

If you have any questions or need any further assistance please let us know. Thank you for endeavoring to provide quality Emergency Medical Services to the citizens and visitors of Perquimans County and North Carolina.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Likens".

Randall Likens
Eastern Regional Systems Specialist
NCOEMS

CC: Dr. Samantha Furia, System Medical Director
Frank Heath, County Manager
Allen Johnson, Manager, Eastern Regional Office of EMS

Office of Emergency Medical Services

www.ncdhhs.gov

Tel 252-208-2456 • Fax 252-208-2027

Location: 3802 NC HWY 58 • Kinston, NC 28504

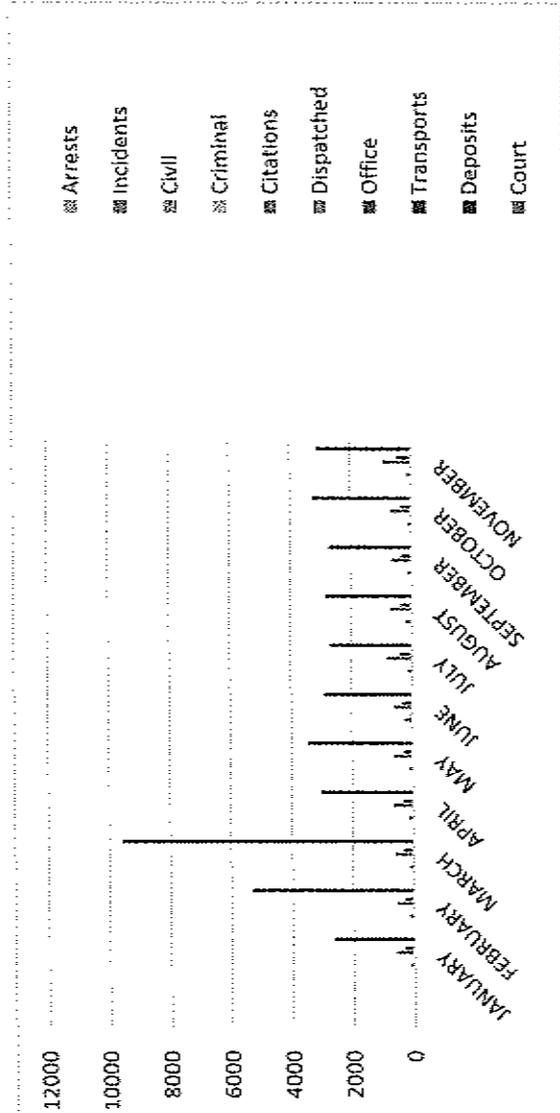
Mailing Address: 3802 NC HWY 58 • Kinston, NC 28504

An Equal Opportunity / Affirmative Action Employer



DEPARTMENT HEAD REPORTS

Perquimans County Sheriff's Office --- November 2017 Activity Report															
	Arrests	Incidents		Civil		Criminal		Citations		Dispatched		Office Calls	Transports Out Co.	Deposits	Court Days
				Papers		Papers									
JANUARY	20	21	144	23	4	579	290	1	\$2,603.35	8					
FEBRUARY	20	25	145	17	8	558	279	1	\$5,309.68	8					
MARCH	28	36	122	19	12	612	306	3	\$9,551.75	8					
APRIL	19	17	136	26	12	625	313	5	\$3,040.23	10					
MAY	18	13	142	42	7	614	307	8	\$3,442.57	9					
JUNE	37	24	264	89	1	615	308	4	\$2,900.00	6					
JULY	28	39	142	33	10	818	409	3	\$2,686.00	7					
AUGUST	19	24	237	26	10	680	340	5	\$2,837.79	8					
SEPTEMBER	30	30	138	35	5	637	319	3	\$2,707.00	7					
OCTOBER	35	22	146	14	4	662	331	4	\$3,234.82	4					
NOVEMBER	28	30	135	30	13	910	455	4	\$3,115.29	6					



COMMITTEE REPORTS



PERQUIMANS COUNTY EMERGENCY SERVICES

P.O. Box 563 - 159 Creek Drive - Hertford, NC 27944

(252) 426-5646 Phone - (252) 426-3306 Fax

EMS Peer Review Committee Meeting Minutes

Thursday, November 30, 2017 – 5:00 P.M. - Perquimans Emergency Services Building

Call to Order – Dr. Furia and Jonathan Nixon

Welcome

- o Jonathan Nixon serving as lead with Chair and Vice-Chair not in attendance

Approval of Minutes from July 27, 2017 Meeting

-Motion made by Frank Heath, 2nd by Dr. Furia

Peer Review Committee Membership

-Nominations for 2 County Representatives

-Elaine Grosjean – Volunteer with Master Gardeners, Works in Middle School with Ag Dept, Bachelors Degree in Special Education

- Julie Solesbee – President at PNC Bank and Treasurer of Rescue Squad

-Rename positions

- Remove EMS Safety Officer Position

- Add Compliance Officer

- OEMS recommends removing specific person for OEMS representative

-Appoint new members

- New Training Officer/Secretary: Matt Leicester

- Compliance Officer: Jim Grosjean

- Also approve names above for 2 County Representatives

Motion made by Muzzelin, 2nd by Dr. Furia

Reports:

-Medical Director (Dr. Furia)

- o Leaving ER doctor and becoming primary care physician beginning in January.
- o Staying on-board in the interim until they (EMCare) find someone.
- o Sentara wants money (divided across the regional) for medical direction moving forward.
 - \$4000 for April – June 2018
 - \$16,000/year after July 1, 2018 moving forward

- Discussion about the future of medical direction.
- County Commissioner (Ed Muzzelin)**
 - No report
 - Glad we are going Paramedic
- County Manager (Frank Heath)**
 - No report
- Rescue Squad Chief (Mark Symons)**
 - 50th Anniversary went well
 - Christmas party to be held December 2 at EMS Building
- EMS Training Officer (Matt Leicester, EMS Supervisor & Training Officer)**
 - Holding on-shift trainings
 - Skills days in December to implement protocol changes
 - Been working with Dr. Furia to get employees TSOP and ready for Jan 2, 2018
- 911 Training Officer (Krystal Agosto, 911 Supervisor & Training Officer)**
 - Hired 1 PT Telecommunicator, already working
 - Advertised for PT Telecommunicators, calling to set up interviews
 - 1 PT employee completed DCI certifications, all PT employees are now EMD certified
 - 7 telecommunicators attended human and sex trafficking training at Pasquotank-Camden
 - Handling suicide callers training in Dare in January, sending 4 people to that training
 - Krystal attended APCO conference, PSAP Managers Meeting, and Southern Software CAD Training
 - QA of EMD being done through National Q for now, will begin in-house week of December 4
 - Con-ed monthly through Richmond Community College and Journal of Emergency Dispatch
 - Completed NC Aware training, plan to go live weekend of December 2.
 - Reviewed last 2 reports from National Q, showing progress
 - Discussed with OEMS how to recredential our personnel and who info needs to go to
- Safety Officer (John vonRosenberg, EMS Shift Supervisor)**
 - Discussed modifications to Fire Department Rehab SOG
- COA EMS Program Coordinator (John Wilson, COA EMS Program Director)**
 - Got new ambulance for simulations
 - Online programs up and running, including online refresher modules
 - New Paramedic program in January in Dare
 - 4 Paramedic programs currently running including an AEMT to Paramedic bridge
 - Associates Degree program is ready for Fall 2018 implementation
 - Submission to COAMPS after that approval
 - EMS Officer program online
 - Looking at trying to develop a 911 training program to supply con-ed for the region
- District Health Department Representative (Ashley Stoop)**
 - Opiate and Meth Awareness Training was held, bring back in spring

- Draft of regional action plan is in progress
- CDC updating SNS and mass dispensing plans
- Regional preparedness committee looking at a full-scale exercise in 2018, Perquimans interested in hosting, including SMAT-3 for decon and mass prophylaxis
- Explore funding opportunities for creating a virtual public information center through the 13 county DPR region.

-Albemarle Hospital Representative/Liaison (Not Present)

- No report

-Chowan Hospital Representative/Liaison (Not Present)

- No report

-Quality Assurance

- SAMC – reviewed 3 cardiac arrest calls
- Vidant Chowan – reviewed 2 cardiac arrest calls

-NCOEMS Representative (Randy Likens and Allen Johnson)

- Reminder of CIS shut down, Continuum new system begins on Monday
- New rules for Community Paramedicine to be published December 1, 2017
- Reminder that OEMS Eastern office now in Kinston with Eastern Region Branch of EM
- New employee taking Kim Sides place begins in January
- Computer-based testing will not begin until February
- 3 paper testing sessions are being held in January across the state to make up for this
- Protocols to be submitted tonight after approval and Dr. Furia's signature
- Medication shortages – extending shelf life

-Emergency Services Director (Jonathan Nixon – Emergency Services Director)

- Emergency Management
 - CodeRed contract has been updated, contacts being updated
 - Large-scale exercise Oct. 19 through a grant, over 100 participants from all county fire, law, and EMS, as well as agencies outside of Perquimans. Very well received, largest of its kind for Perquimans.
- 911 Center
 - Tower sites being visited monthly, service being performance
 - Software upgrades
 - Still working on backup 911 center
 - Another SBI inspection coming in December 2017
- EMS
 - October 1, 2017 – 24 hours supervisor coverage on QRV for high-acuity calls
 - First draft of Shift Supervisor handbook
 - Opiate forum was good
 - Regional EMS Administrators group continues to be active

Old Business:

-AEMT to Paramedic – Updated Paramedic Timeline

- Advertised and interviewed for FT Paramedic positions, will be re-advertising. Did not get enough applicants to even fill the positions.
- All of the agencies around us are experiencing a shortage in staffing.

- Turning in system plan including letter for operating without controlled substances beginning January 2, 2018.
- Pay will increase for FT and PT employees to new pay rate.
- Ambulance inspections and equipment are moving forward, hoping to inspect 2nd week of December.
-

-EMS System Plan Revisions

- Section 1, System Overview Update
 - Took out Mission Statement out of Section 9 and put in Section 1. Added mission values with it.
 - Change from Intermediate to Paramedic level
 - Added Harvey Point as a potential responder during emergencies
- Section 2, Communications Update
 - Moving to Priority 3 for activated fire alarms
- Section 3, Medical Oversight Update
 - Moved Medical Director's Responsibilities from Section 9, put in Section 3.
- Section 9, Peer Review Guideline
 - Various typographical changes were made for spelling, word changes, etc. throughout the document
 - Structure of committee members updated to reflect tonight's vote
 - Discipline with due process
 - Additions to maintain all problems at lowest level possible
 - OEMS recommended adding the NCGS for confidentiality of records into the document to protect the committee and the process better.
- Revisions: Motion made by Dr. Furia, 2nd by Ashley Stoop

New Business:

-3rd Quarter Chute Times

- 1st Quarter: 1.6 minutes, 7 over 5 minutes
- 2nd Quarter: 1.61 minutes, 5 over 5 minutes
- 3rd Quarter: 1.62 minutes, 6 over 5 minutes

-3rd Quarter Mutual Aid Requests

- No notes for this, anticipation that the need for mutual aid will decrease with the move to Paramedic level.

-SOG Paramedic Updates (reviewed and discussed each)

- SOG 100 – Equipment and Supplies
- SOG 104 – Licensed EMS Providers
- SOG 109 – Orientation Training Package
- SOG 124 – Controlled Substance Utilization Guidelines
 - Motion by Muzzelin, 2nd by Symons? to approve SOG 124, 100, 104, and 109
- SOG 116 – Fire Department First Response (Revision)

- Frank Heath asked to find out the number of times we are dispatched to a fire alarm, and compare how many are real vs. false calls. Purpose is to determine if the need exists to charge for repeat violations.
- SOG 117 – Reporting the Suspect Abuse of the Disabled
- SOG 118 – Reporting of Suspected Child Abuse
- SOG 119 – Weapons
 - Does not cover law enforcement. This only applies to EMS personnel and students, as well as patients and other riders.
 - Discussion on getting law enforcement involved if the patient has a weapon, how to secure, who to call.
 - Approve tonight, revisit in January to word how to handle this situation
- SOG 122 – Use of Narcan for Law Enforcement
- SOG 123 – Continuing Medical Education (CME)
 - Discussion on whether to include COA as the agency overseeing it, no change.
- Motion to approve the revision to 116, and add 117, 118, 119, 122, and 123: Made by Muzzelin, 2nd by Dr. Furia
- Perquimans County EMS Compliance Process
 - Must enter call report within 24 hours
 - NEMSIS v.3
 - Supervisor will QA the call for protocol, skill, procedure compliance
 - Compliance Officer will review CAD, demographics, billing
 - ES-1 reviews it one last time before sending to billing company
 - Billing company reviews
 - 3 attempts at collecting, over approximately 90 days
 - Turned over to collections or debt setoff if no contacts made
 - Talked with Colleton and researched whether bills were in fact sent, said they were
- Motion made to approve by Muzzelin, 2nd by Dr. Furia
- Infection Control Plan
 - Nothing in writing
 - TB Test at hire and at exposure
 - April Elmore at Currituck is finishing a new plan, may want to reach out to her to see if it can be adapted to Perquimans. Look to bring that to January meeting for review.

- 2018 QA Schedule

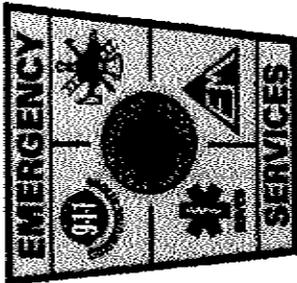
- 1st Quarter: Allergies/breathing problems
- 2nd Quarter: Falls and heat/cold exposures
- 3rd Quarter: Abdominal pain, not available
- 4th Quarter: Sick person and trauma arrest

-Additional Comments / Concerns

- None

Meeting Schedule: January 25, 2018
April 25, 2018
July 26, 2018
October 25, 2018

Adjournment



PERQUIMANS COUNTY EMERGENCY SERVICES

P.O. Box 563 - Hertford, NC 27944
 159 Creek Drive
 (252) 426-5646



EMS Peer Review Committee

Meeting Date 11/30/2017

Position	Member	Signature	Phone
Medical Director	Dr. Samantha Furia	<i>Samantha Furia</i>	215-264-1059
Physician representing Albemarle Hospital	Dr. Samantha Furia		215-264-1059
Physician representing Chowan Hospital	Dr. Joe Tripp		252-333-5100
County Emergency Services Director	Jonathan Nixon	<i>Jonathan Nixon</i>	252-331-9817
EMS - Rescue Squad Chief	Mark Symons	<i>Mark Symons</i>	252-333-6173
EMS Nurse Liaison	Melissa Bilger		252-312-4243
EMS Education Coordinator	John Wilson		252-333-4346
EMS Training Officer (Secretary) - Compliance Officer	Jim Grosjean	<i>Jim Grosjean</i>	252-312-5396
EMS Safety Officer	Date-Hunter ^{John Rosenburg} Van Rosenberg	<i>Date-Hunter</i>	252-331-3758
Emergency Dept. Rep. - Albemarle Hospital	Melissa Bilger		252-312-4243
Emergency Dept. Rep. - Chowan Hospital	Kalli Nixon		252-333-6024
County Representative	Todd Tilley		252-331-3787
County Representative			
County Representative			
911 Communications Training Officer	Krystal Agosto	<i>Krystal Agosto</i>	252-331-3697
Health Department Representative	Ashley Stoop	<i>Ashley Stoop</i>	252-312-4952
County Commissioner	Edward Muzzulini	<i>Edward Muzzulini</i>	252-340-9860
County Gov. Official-County Manager	Frank Heath	<i>Frank Heath</i>	252-337-5013

252-208-2456
 252-619-4105

Allen Johnson
Carlynn Colson

* Kyle Jones
 * Bob Glover
 * Randall C. Kerns

Matt Leicester
Mark Lee

NC OEMS
 As Needed (Ad Hoc) Members
 EMS Shift Supervisors

County Gov. Official-Chairman, Commissioners
 State NC OEMS Representative
 Hospital Representatives (each hospital)
 EMS Training Officer (Secretary)
 * denotes non-voting member

Perquimans EMS 2017 2nd Quarter Chute Times

383 2nd Quarter Total Patient Care Reports

0 0.00% Calls over 10 minute chute time

6 1.57% Calls over 5 minute chute time

2nd Quarter Average Chute Time : 1.61 minutes

Perquimans EMS 2017 3rd Quarter Chute Times

OCA #	TIME	DISPATCH	CALL TYPE	COMMENTS
20171106	5.3	00:23	Fire Alarm	Delay due to mechanical issues
20171189	6.4	16:24	Sick Person	3 rd Call; Zone 1 cleared from another call came back to station to meet unit and driver
20171447	7.6	03:02	Back Pain	
20171079	8.0	17:01	Fainted & Hit Head	3 rd Call; Zone 1 responded, Mutual aid from Pasquotank called in 8 minutes of dispatch.
20171155	9.0	05:43	Chest Pain	3 rd Call; Crew responding from home
20171446	10.2	19:44	Sick Person/Fall	3 rd Call; Supervisor & EMT-B Telecommunicator took the call
20171015	14.0	00:38	Sick Person	3 rd Call; Crew responding from home
20171459	19.3	13:31	Sick Person	3 rd Call; Zone 1 responded, Mutual aid from Pasquotank called in 7 minutes of dispatch.

422 3rd Quarter Total Patient Care Reports

3 0.71% Calls over 10 minute chute time

8 1.90% Calls over 5 minute chute time

3rd Quarter Average Chute Time: 1.62 minutes