

CITY OF SALEM

In City Council,

Ordered:

January 12, 2023

That the sum of Five Thousand, Two Hundred Fifty-Five Dollars and Fifteen Cents (\$5,255.15) be approved within the "Retirement Stabilization Fund-Vacation/Sick Leave Buyback" account (83113-5146) to be expended for the FY 2023 buyback(s) listed below in accordance with the recommendation of His Honor the Mayor.

Name	Department	 Amount
Kathleen McMahon	Treasurer	\$ 1,194.58
Victoria Caldwell	Solicitor's Office	\$ 4,060.57
		\$ 5,255.15

In City Council January 12, 2023 Referred to the Committee on Administration and Finance

ATTEST:

ILENE SIMONS CITY CLERK



CITY OF SALEM, MASSACHUSETTS

Robert K. McCarthy Acting Mayor

January 12, 2023

To the City Council City Hall Salem, Massachusetts

Ladies and Gentlemen of the Council:

Enclosed herewith is a request for an appropriation of Five Thousand, Two Hundred Fifty-Five Dollars and Fifteen Cents (\$5,255.15) appropriated in the "Retirement Stabilization Fund-Vacation Sick/leave buyback account (83113-5146) to fund the retirement buyback cost to be expended for FY 2023.

Name	Department		Amount
Kathleen McMahon	Treasurer		\$1,194.58
Victoria Caldwell	Solicitor's Office		\$4,060.57
		Total:	\$5,255.15

I recommend passage of the accompanying Order.

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Very truly yours

Robert K. McCarthy

Acting Mayor



KIMBERLEY L. DRISCOLL MAYOR

LISA B. CAMMARATA
DIRECTOR OF HUMAN
RESOURCES

CITY OF SALEM MASSACHUSETTS

Human resources
98 Washington Street, 3RD Floor
SALEM, Massachusetts 01970
Tel., 978-619-5630
Fax 978-745-7298

MEMORANDUM

TO:

Anna Freedman, Director of Finance

DATE:

December 20, 2022

RE:

Retirement Stabilization Fund

Attached you will find a retirement buyback for a former employee of the Treasurer's Department.

This former employee is entitled to the following amount of vacation buyback.

Kathleen McMahon

22.8318 vacation hours @ \$52.3209 per hour

\$1,194.58

Total:

\$1,194.58

In accordance with the July 2008 Policy, I am requesting you verify the availability of the funds from the Retirement Stabilization Fund, prepare the Council Order, and continue the process in order that my staff can input the information in MUNIS and issue payments to this former employee upon Council approval.

Thank you for your cooperation, and if you should have any questions, please do not hesitate to contact me.

LBC

CITY OF SALEM APPROVAL-SICK DAYS/VACATION BUY-BACK

1

From: Department //RO	surers	Date /2/5/22
Authorized Signature:	partment Head/City	or Business Manager/School
NAME: Kathleen	mmi	bon
	<u>CALCULATION</u>	
VACATION HOURS #_Q	72.83/8@\$52	52.3209= s //94,50
		=\$
PRO-RATED STIPENDS #	@\$	= \$
<u>OTHER</u> #	@\$	= \$
Total Amount Due: \$ / Please attach corresponding PAF or othe Reason: Refriement	backup to this sheet.	22
For Human Resources's Us	e Only:	
VACATION HOU	RS	
SICK HOURS		
PER ACCRUAL R	REPORT	
OTHER		
Org and Object: 83/	/3	_5/46_
Recommendation:		
Approved	H R Director/C	lity or Superintendent/Schools



KIMBERLEY L. DRISCOLL MAYOR

LISA B. CAMMARATA
DIRECTOR OF HUMAN
RESOURCES

CITY OF SALEM MASSACHUSETTS

HUMAN RESOURCES

98 WASHINGTON STREET, 3RD FLOOR
SALEM, MASSACHUSETTS 01970
TEL. 978-619-5630
FAX 978-745-7298

MEMORANDUM

TO:

Anna Freedman, Director of Finance

DATE:

December 20, 2022

RE:

Retirement Stabilization Fund

Attached you will find a retirement buyback for a former employee of the Solicitor's Department.

This former employee is entitled to the following amount of vacation buyback.

Victoria Caldwell

70 vacation hours @ \$58.0081 per hour

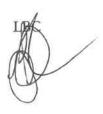
\$4,060.57

Total:

\$4,060.57

In accordance with the July 2008 Policy, I am requesting you verify the availability of the funds from the Retirement Stabilization Fund, prepare the Council Order, and continue the process in order that my staff can input the information in MUNIS and issue payments to this former employee upon Council approval.

Thank you for your cooperation, and if you should have any questions, please do not hesitate to contact me.



CITY OF SALEM APPROVAL-SICK DAYS/VACATION BUY-BACK

From: Department Solicitor's Date 12/22/2.
Authorized Signature: Department Head/City or Business Manager/School
NAME: Victoria Caldwell
<u>CALCULATION</u>
<u>vacation hours</u> # 70 @ \$ 58.008/= \$ 4,060,57
<u>SICK HOURS</u> # = \$
<u>PRO-RATED STIPENDS</u> # = \$
<u>OTHER</u> #
Total Amount Due: \$ \(\frac{400.57}{00.57} \) Please attach corresponding PAF or other backup to this sheet. Reason: \(\frac{Rehile Ment}{200.50} \)
For Human Resources's Use Only:
VACATION HOURS
SICK HOURS
PER ACCRUAL REPORT
Org and Object: 83//3 - 5/46
Recommendation: Approved HR Director/City or Superintendent/Schools