



CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll
Mayor

Office of the Mayor

May 14, 2020

Honorable Salem City Council
Salem City Hall
Salem, Massachusetts 01970

Ladies and Gentlemen of the City Council:

Our Health Agent David Greenbaum and I would to request the opportunity to address you at your meeting of May 14th provide the public and the City Council with an update on the City's response to the COVID-19 outbreak. Thank you.

Very truly yours,

A handwritten signature in blue ink, reading "Kim Driscoll", is written over a horizontal line.

Kimberley Driscoll
Mayor
City of Salem



CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll
Mayor

Office of the Mayor

May 14, 2020

Honorable Salem City Council
Salem City Hall
Salem, Massachusetts 01970

Ladies and Gentlemen of the City Council:

I reappoint, subject to City Council confirmation, Luis Matos De Los Santos to the Salem Youth Commission for a term of one year to expire May 14, 2021.

I recommend confirmation of his reappointment to the Commission and ask that you join me in thanking Mr. De Los Santos for his continued dedicated service and commitment to our community.

Very truly yours,

Kimberley Driscoll
Mayor
City of Salem



CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll
Mayor

Office of the Mayor

May 14, 2020

Honorable Salem City Council
Salem City Hall
Salem, Massachusetts 01970

Ladies and Gentlemen of the City Council:

I reappoint, subject to City Council confirmation, John Boris of 5 Bedford Street to the Affordable Housing Trust Fund Board for a term of 2 years to expire May 24, 2022.

I recommend confirmation of his reappointment to the Affordable Housing Trust Fund Board and ask that you join me in thanking Mr. Boris for his continued dedicated service and commitment to our community.

Very truly yours,

A handwritten signature in blue ink, reading "Kim Driscoll", is written over the typed name.

Kimberley Driscoll
Mayor
City of Salem



CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll
Mayor

Office of the Mayor

May 14, 2020

Honorable Salem City Council
Salem City Hall
Salem, Massachusetts 01970

Ladies and Gentlemen of the City Council:

I am pleased to appoint Susan Yochelson of 5 Eden Street to the Tree Commission as an Alternate Member for a three-year term to expire July 18, 2022. Ms. Yochelson will complete the remainder of the unexpired term previously filled by Ms. Charlotte Enfield, who stepped down from the Commission due to work constraints.

Ms. Yochelson worked for 12 years as the Outreach Coordinator of Salem Sound Coastwatch and has been an active member of SalemRecycles since the committee's inception. She holds a Masters in Social Work from the University of Maryland and studied urban and environmental policy and planning in the Community Environmental Studies graduate program at Tufts University. Ms. Yochelson is a board member of the Salem Alliance for the Environment and is dedicated to the protection of our community's natural and ecological resources.

I recommend confirmation of Ms. Yochelson to the Tree Commission. We are fortunate that she is willing to serve our community in this important role and lend her insights and expertise to the Commission and its work.

Very truly yours,

Kimberley Driscoll
Mayor
City of Salem



CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll
Mayor

Office of the Mayor

May 14, 2020

Honorable Salem City Council
Salem City Hall
Salem, Massachusetts 01970

Ladies and Gentlemen of the City Council:

I am pleased to appoint Cynthia Nina-Soto to the Salem Redevelopment Authority for a five-year term to expire December 8, 2021. Ms. Nina-Soto will complete the remainder of the unexpired term previously filled by Mr. Gary Barrett, who stepped down from the Authority earlier this year to accept an appointment to the Licensing Board.

Ms. Nina-Soto earned her degree in business administration from Salem State and today owns her own real estate brokerage. In her professional work, Ms. Nina-Soto has been focused on helping first-time homebuyers and Latino families especially. She is deeply committed to building a strong community here in Salem. Ms. Nina-Soto is President of the North Shore Association of Realtors and currently volunteers on the City's Scholarship & Education Committee. She has served on the Affordable Housing Trust Fund Board, but will step down from that board to take on this new role.

I recommend confirmation of Ms. Nina-Soto to the Salem Redevelopment Authority. We are fortunate that she is willing to serve our community in this important role and lend her insights and expertise to the Authority and its work.

Very truly yours,

Kimberley Driscoll
Mayor
City of Salem



CITY OF SALEM, MASSACHUSETTS

Kimberley Driscoll
Mayor

May 14, 2020

To the City Council
City Hall
Salem, Massachusetts

Ladies and Gentlemen of the Council:

Enclosed herewith is a request for an appropriation of Twenty-Four Thousand, Four Hundred Forty-One Dollars and Thirty-Nine Cents (\$24,441.39) appropriated within the "Retirement Stabilization Fund-Vacation/Sick Leave Buyback" account (83113-5146) to fund the retirement buyback costs to be expended for FY 2019 contractual buybacks.

<u>NAME</u>	<u>DEPARTMNET</u>	<u>AMOUNT</u>
John Bezzati	DPS	\$13,390.89
James Cleary	DPS	\$ 2,783.82
David Cronin	DPS	\$ 8,266.68
		<hr/>
		\$24,441.39

I recommend passage of the accompanying Order.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Kim Driscoll", is written over the printed name.

Kimberley Driscoll
Mayor



CITY OF SALEM

In City Council,

Ordered:

May 14, 2020

That the sum of Twenty-Four Thousand, Four Hundred Forty-One Dollars and Thirty-Nine Cents (\$24,441.39) be approved within the "Retirement Stabilization Fund-Vacation/Sick Leave Buyback" account (83113-5146) to be expended for the FY 2020 contractual buyback(s) listed below in accordance with the recommendation of Her Honor the Mayor.

Name	Department	Amount
John Bezzati	DPS	\$ 13,390.89
James Cleary	DPS	2,783.82
David Cronin	DPS	8,266.68
		\$ 24,441.39



KIMBERLEY DRISCOLL
MAYOR

LISA B. CAMMARATA
DIRECTOR OF HUMAN RESOURCES

CITY OF SALEM, MASSACHUSETTS

HUMAN RESOURCES
120 WASHINGTON STREET
TEL. (978) 745-9595 EXT. 5630
FAX (978) 745-7298

MEMORANDUM

TO: Laurie Giardella, Director of Finance
DATE: April 16, 2020
RE: Retirement Stabilization Fund

Attached you will find a retirement buy back for a former employee of the Department of Public Services.

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

John Bezzati

441.25 sick hours @ \$26.7775 per hour	\$11,815.57
58.83 vacation hours @ \$26.7775 per hour	\$ 1,575.32
Total:	\$13,390.89

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

PART A

THIS FORM CANNOT BE PROCESSED UNLESS ALL SHADED AREAS AND PERTINENT INFORMATION IS SUPPLIED

PERSONNEL ACTION / DATA FORM

DATE 4/13/2020

NAME (LAST, FIRST, MIDDLE) Bezzati John		EMPLOYEE NO. 101929	CHECK ALL THAT APPLY
JOB TITLE HEO		JOB CODE	1. EMPLOYMENT <input type="checkbox"/>
DEPARTMENT DPS		DIVISION	2. WAGE SALARY ADJUSTMENT <input type="checkbox"/>
		DEPT. NO. 1230	3. TRANSFER <input type="checkbox"/>
			4. LEAVE OF ABSENCE <input type="checkbox"/>
			5. ADDRESS/NAME CHANGE <input type="checkbox"/>
			6. TERMINATION <input type="checkbox"/>
			7. OTHER <input checked="" type="checkbox"/>

1. EMPLOYMENT

ADDRESS-STREET				CITY				STATE		ZIP CODE		SOCIAL SECURITY NO.		NEW HIRE	REHIRE	RECALL	Salaried Hourly				
PERMANENT			4. TEMP	CIVIL SERVICE		DATE APPROVED		VETERAN		SHIFT		PAY RATE		PER		SHIFT PREM.		Grade		Step	
1. Full Time	2. 20 HRS.+ Part Time	3. Part Time		YES	NO			YES	NO			\$									
TELEPHONE NO.				DATE OF BIRTH			SEX		ETHNIC CODE		SCHEDULED HOURS		HOURLY RATE		# DEPENDENTS		MARITAL STATUS			OTHER	
							M		F								M			S	OTHER
REQUIRED LICENSE:TYPE(S)							CLASS							EXPIRATION DATE							

2. WAGE / SALARY ADJUSTMENT (GIVE EXPLANATION IN SEC. 8)

ANNIVERSARY DATE	DATE OF LAST INCREASE	PRESENT RATE PER	PROPOSED RATE PER	NEW HOURLY RATE	GRADE	STEP	EFFECTIVE DATE

3. TRANSFER-JOB, SHIFT, DEPT. (GIVE EXPLANATION IN SEC. 8)

NEW DEPT. & NO.		NEW JOB TITLE		NEW JOB CODE		RATE CHANGE:		YES	NO
NEW GRADE	NEW STEP	NEW PAY RATE PER	EFFECTIVE DATE	SHIFT CHANGE:		FROM	TO		

4. LEAVE OF ABSENCE (GIVE EXPLANATION IN SEC. 8)

FROM	TO	DATE RETURNED
------	----	---------------

5. ADDRESS / NAME CHANGE

NEW ADDRESS	STREET	CITY	STATE	ZIP CODE	NEW TELEPHONE NO.	CORRECT NAME TO
-------------	--------	------	-------	----------	-------------------	-----------------

6. TERMINATION (GIVE EXPLANATION IN SEC. 8)

LAST DAY WORKED					DATE HIRED					RECOMMENDED FOR REEMPLOYMENT										YES	NO			
REASON					QUALITY OF WORK					ATTENDANCE					ATTITUDE					JOB KNOWLEDGE				
RE-SIGNED	LAI D OFF	END OF TEMP.	RE-TIRED	DIS-CHARGED	EXCEL	GOOD	FAIR	POOR		EXCEL	GOOD	FAIR	POOR		EXCEL	GOOD	FAIR	POOR		EXCEL	GOOD	FAIR	POOR	

7. EMERGENCY CONTACT

NAME:	TELEPHONE NO.	RELATIONSHIP
-------	---------------	--------------

8. EXPLANATION OF ACTION (or other action)

Retired - 4/3/2020	
--------------------	--

FINANCE DEPARTMENT

DATE _____

DEPARTMENT HEAD / APPOINTING AUTHORITY

DATE _____

PERSONNEL DEPARTMENT

DATE _____

ROUTING LEGEND: WHITE-HUMAN RESOURCES PINK-DEPARTMENT YELLOW-TREASURER'S BLUE-RETIREMENT GREEN-AUDITOR'S GOLDENROD-AFSCME

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

From: Department Dept. of Public Services Date 4/16/2020

Authorized Signature: [Signature]
Department Head/City or Business Manager/School

NAME: John Bezzati

CALCULATION

VACATION HOURS # 58.83 @ \$ 26.775 = \$ 1,575.32

SICK HOURS # 44.25 @ \$ 26.775 = \$ 1,185.57

PRO-RATED STIPENDS # _____ @ \$ _____ = \$ _____

OTHER # _____ @ \$ _____ = \$ _____

Total Amount Due: \$ 13,390.89

Please attach corresponding PAF or other backup to this sheet.

Reason: Retirement - 4/3/2020

For Human Resources's Use Only:

- ☒ VACATION HOURS
☒ SICK HOURS
☐ PER ACCRUAL REPORT
☐ OTHER

Org and Object: 83113 - 5146

Recommendation:

☐ Approved

H R Director/City or Superintendent/Schools



KIMBERLEY DRISCOLL
MAYOR

LISA B. CAMMARATA
DIRECTOR OF HUMAN RESOURCES

CITY OF SALEM, MASSACHUSETTS

HUMAN RESOURCES
120 WASHINGTON STREET
TEL. (978) 745-9595 EXT. 5630
FAX (978) 745-7298

MEMORANDUM

TO: Laurie Giardella, Director of Finance
DATE: March 10, 2020
RE: Retirement Stabilization Fund

Attached you will find a retirement buy back for a former employee of the Department of Public Services.

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

James Cleary

11.750 sick hours @ \$29.05 per hour	\$ 341.34
84.0784 vacation hours @ \$29.05 per hour	\$2,442.48
Total:	\$2,783.82

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

PART A

THIS FORM CANNOT BE PROCESSED UNLESS ALL SHADED AREAS AND PERTINENT INFORMATION IS SUPPLIED

PERSONNEL ACTION / DATA FORM

DATE 3/11/2020

NAME (LAST, FIRST, MIDDLE) <u>Cleary, James</u>		EMPLOYEE NO. <u>100935</u>	CHECK ALL THAT APPLY 1. EMPLOYMENT () 2. WAGE SALARY ADJUSTMENT () 3. TRANSFER () 4. LEAVE OF ABSENCE () 5. ADDRESS/NAME CHANGE () 6. TERMINATION () 7. OTHER ()
JOB TITLE <u>Working Foreman</u>		JOB CODE	
DEPARTMENT <u>Public Services</u>	DIVISION	DEPT. NO. <u>1230</u>	

1. EMPLOYMENT

ADDRESS-STREET		CITY	STATE	ZIP CODE	SOCIAL SECURITY NO.		NEW HIRE	REHIRE	RECALL	Salaried Hourly
PERMANENT 1. Full Time 2. 20 HRS. + Part Time 3. Part Time	4. TEMP	CIVIL SERVICE YES NO	DATE APPROVED	VETERAN YES NO	SHIFT	PAY RATE \$	PER	SHIFT PREM.	Grade	Step
TELEPHONE NO.	DATE OF BIRTH	SEX M F	ETHNIC CODE	SCHEDULED HOURS	HOURLY RATE	# DEPENDENTS	MARITAL STATUS M S OTHER			
REQUIRED LICENSE: TYPE(S)		CLASS		EXPIRATION DATE						

2. WAGE / SALARY ADJUSTMENT (GIVE EXPLANATION IN SEC. 8)

ANNIVERSARY DATE	DATE OF LAST INCREASE	PRESENT RATE PER	PROPOSED RATE PER	NEW HOURLY RATE	GRADE	STEP	EFFECTIVE DATE
------------------	-----------------------	------------------	-------------------	-----------------	-------	------	----------------

3. TRANSFER-JOB, SHIFT, DEPT. (GIVE EXPLANATION IN SEC. 8)

NEW DEPT. & NO.	NEW JOB TITLE	NEW JOB CODE	RATE CHANGE:	YES	NO
NEW GRADE	NEW STEP	NEW PAY RATE PER	EFFECTIVE DATE	SHIFT CHANGE:	FROM TO

4. LEAVE OF ABSENCE (GIVE EXPLANATION IN SEC. 8)

FROM	TO	DATE RETURNED
------	----	---------------

5. ADDRESS / NAME CHANGE

NEW ADDRESS	STREET	CITY	STATE	ZIP CODE	NEW TELEPHONE NO.	CORRECT NAME TO
-------------	--------	------	-------	----------	-------------------	-----------------

6. TERMINATION (GIVE EXPLANATION IN SEC. 8)

LAST DAY WORKED	DATE HIRED	RECOMMENDED FOR REEMPLOYMENT	YES	NO
REASON RE-SIGNED LAI END OF TEMP. DIS- TIRED CHARGED	QUALITY OF WORK EXCEL GOOD FAIR POOR	ATTENDANCE EXCEL GOOD FAIR POOR	ATTITUDE EXCEL GOOD FAIR POOR	JOB KNOWLEDGE EXCEL GOOD FAIR POOR

7. EMERGENCY CONTACT

NAME:	TELEPHONE NO.	RELATIONSHIP
-------	---------------	--------------

8. EXPLANATION OF ACTION (or other action)

<u>Retirement - 3/1/2020</u>	
FINANCE DEPARTMENT	DATE
DEPARTMENT HEAD / APPOINTING AUTHORITY	DATE
PERSONNEL DEPARTMENT	DATE

ROUTING LEGEND: WHITE-HUMAN RESOURCES PINK-DEPARTMENT YELLOW-TREASURER'S BLUE-RETIREMENT GREEN-AUDITOR'S GOLDENROD-AFSCME

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

From: Department DPS Date _____

Authorized Signature: [Signature]

Department Head/City or Business Manager/School

NAME: James Cleary

CALCULATION

VACATION HOURS # 84.0784 @ \$ 29.05 = \$ 2,442.48

SICK HOURS # 11.750 @ \$ 29.05 = \$ 341.34

PRO-RATED STIPENDS # _____ @ \$ _____ = \$ _____

OTHER # _____ @ \$ _____ = \$ _____

Total Amount Due: \$ 2,783.82

Please attach corresponding PAF or other backup to this sheet.

Reason: retired - 3/1/2020

For Human Resources's Use Only:

☒ VACATION HOURS

☒ SICK HOURS

☐ PER ACCRUAL REPORT

☐ OTHER

Org and Object: 83/13 - 5/46

Recommendation:

☐ Approved

H R Director/City or Superintendent/Schools



KIMBERLEY DRISCOLL
MAYOR

LISA B. CAMMARATA
DIRECTOR OF HUMAN RESOURCES

CITY OF SALEM, MASSACHUSETTS

HUMAN RESOURCES
120 WASHINGTON STREET
TEL. (978) 745-9595 EXT. 5630
FAX (978) 745-7298

MEMORANDUM

TO: Laurie Giardella, Director of Finance
DATE: March 10, 2020
RE: Retirement Stabilization Fund

Attached you will find a retirement buy back for a former employee of the Department of Public Services.

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

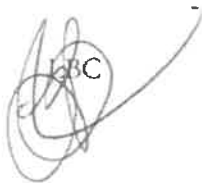
David Cronin

360 sick hours @ \$22.9630 per hour	\$8,266.68
-------------------------------------	------------

Total: \$8,266.68

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.

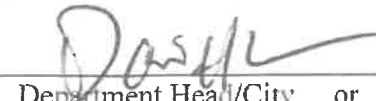
Thank you for your cooperation, and if you should have any questions, please do not hesitate to contact me.


LBC

ROUTING LEGEND: WHITE-HUMAN RESOURCES PINK-DEPARTMENT YELLOW-TREASURER'S BLUE-RETIREMENT GREEN-AUDITOR'S GOLDENP

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

From: Department Public Services Date 3/10/2020

Authorized Signature: 
Department Head/City or Business Manager/School

NAME: David Cronin

CALCULATION

VACATION HOURS # _____ @ \$ _____ = \$ _____

SICK HOURS # 360 @ \$ 22.9430 = \$ 8,266.68

PRO-RATED STIPENDS # _____ @ \$ _____ = \$ _____

OTHER # _____ @ \$ _____ = \$ _____

Total Amount Due: \$ 8,266.68
Please attach corresponding PAF or other backup to this sheet.

Reason: Retired - 1/29/2020

For Human Resources's Use Only:

- ☐ VACATION HOURS
☒ SICK HOURS
☐ PER ACCRUAL REPORT
☐ OTHER

Org and Object: 83113 - 5146

Recommendation:

☐ Approved

H R Director/City or Superintendent/Schools