

CITY OF SOMERVILLE, MASSACHUSETTS HUMAN RESOURCES DEPARTMENT KATJANA BALLANTYNE MAYOR

Anne Gill Director **ELLEN COLLINS** DEPUTY DIRECTOR

January 24, 2023

To: City Council Members of the Finance Committee From: Human Resources, Director Anne Gill Re: Providing information regarding the below prior year invoices (documentation attached)

22-2062- Requesting approval to pay a prior year invoice totaling \$4,950 using available funds in the Human Resources Arbitration Services Account for FY 2022 arbitration services.

The Mayor respectfully requests that this Council approve the use of funds in the Human Resources Arbitration Services Account (0115252-530017) to pay a FY22 invoice totaling \$4,950.00 to Gary D. Altman for arbitration services. The invoice wasn't paid within the fiscal year because the invoice was recently received by Human Resources for payment.

22-2061- Requesting approval to pay a prior year invoice totaling \$3,012.03 using available funds in the Human Resources Professional & Technical Services Account for May 2021 Employee Assistance Program.

The Mayor respectfully requests that this Council approve the use of funds in the Human Resources Professional & Technical Services Account (0115252-530000) to pay a FY21 invoice totaling \$3,012.03 to New Directions for May 2021 Employee Assistance Program. The invoice wasn't paid within the fiscal year because there was a contractual update and accounts had to be reconciled.

22-2060- Requesting approval to pay prior year invoices totaling \$358 using available funds in the Human Resources Professional & Technical Services Account for pre-employment placement exams and drug screens

The Mayor respectfully requests that this Council approve the use of funds in the Human Resources Professional & Technical Services Account (0115252-530000) to pay a FY22 invoice totaling 358.00 to Cambridge Health Alliance Occupational Health for pre-employment placement exams and drug screens. The invoice wasn't paid within the fiscal year because it was not received by the City until September 15, 2022.

HR currently has \$1,807.00 available in FY22 funding; the invoice attached is for \$2,165.00. HR is requesting \$358.00 as it is the difference needed to pay the invoice.



CORRECTED ARBITRATOR'S BILL

This bill is submitted on behalf of the arbitrator. Please make your check payable to, and mail directly to the arbitrator.

Arbitrator	Gary D. Altman	Case Number <u>01-20-0000-0976</u>
Address	91 Coolidge Street	Number of Grievances:
	Brookline, MA 02446-5805	Grievance No.

UNION

EMPLOYER

City of Somerville

ARBITRATOR'S COMPENSATION Number of hearing days: <u>2</u> Hearing dates: March 9, and	@_\$2,200.0		
Study/Preparation Days	@_\$2,200.0	<u>00 </u>	
	J	Fee \$ <u>9,900.00</u>	
ARBITRATOR'S EXPENSES			
Mileage and Parking	\$		
Hotel			
Meals	\$ \$		
Other (specify)	\$		
	Expenses	s \$	
	TC	OTAL \$ <u>9,900.00</u>	
PAYABLE BY THE EMP	LOYER	\$ <u>4,950.00</u>	
PAYABLE BY THE UNIO	ON	\$ <u>4,950.00</u>	
Arbitrator's Signature	altra	Date_7/30/2022	



City of Somerville Parent 93 Highland Avenue SOMERVILLE MA 02143

Date:	Aug 2, 2021
Invoice Number:	INV-17487
Customer Number:	EC23650

Line	Product	Description	Quantity	Net Price	Net Value
10	2000000	Monthly 05/21-05/21	2,049 Headcount	1.47 USD / 1 Headcount	3,012.03 USD
	List Price		1.47	7 USD / 1 Headcount	3,012.03 USD
	No cash discount allowe	ed			

Total

3,012.03 USD

Payment Terms: Payal

Payable immediately due net

Remit to: New Directions PO Box 87-0195, Kansas City, MO 64187-0195 / TIN: 43-1698690

Billing Inquiries: AReceivable@ndbh.com

CHA Occupational Health 5 Middlesex Ave Somerville, MA 02145 Phone: 617-591-4660 FEIN: 04-3320571

Invoice

September 15, 2022

Bill to: Eleni Grams City of Somerville 93 Highland Avenue Somerville, MA 02143-

For: City of Somerville June 2022

Invoice # 6684

Proc Code	Date	Description	Qty	<u>Charge</u>	<u>Receipt</u>	<u>Adjust</u>	Balance
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00			70.00
					Balance Due	:	70.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00		-	70.00
		U			Balance Due	-	70.00
					2	-	
10261	06/16/2022	10 Panel Drug Screen	1.00	70.00		_	70.00
					Balance Due	: _	70.00
10261	06/29/2022	10 Panel Drug Screen	1.00	70.00			70.00
					Balance Due	: _	70.00
	06/21/2022	No Show/Cancellation Fee	1.00	55.00			55.00
10261	06/24/2022	10 Panel Drug Screen	1.00	70.00			70.00
					Balance Due	:	125.00
10261	06/27/2022	10 Panel Drug Screen	1.00	70.00	_		70.00
					Balance Due	:	70.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00			70.00
					Balance Due	: _	70.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00			70.00
					Balance Due	: _	70.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00		_	70.00
					Balance Due	-	70.00
	06/10/2022	Pre-Placement Exam	1.00	90.00		-	90.00
10261	06/10/2022	10 Panel Drug Screen	1.00	90.00 70.00			70.00
					Balance Due	-	160.00
10261	06/29/2022	10 Panel Drug Screen	1.00	70.00		-	70.00

				В	alance Due:	70.00
100/1	06/07/2022	Pre-Placement Exam	1.00	90.00		90.00
10261	06/07/2022	10 Panel Drug Screen	1.00	70.00	alance Due:	70.00
					alance Due:	160.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/27/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/02/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/16/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/27/2022	10 Panel Drug Screen	1.00	70.00		70.00
				В	alance Due:	70.00
10261	06/29/2022	10 Panel Drug Screen	1.00	70.00		70.00
				В	alance Due:	70.00
	06/23/2022	MD Telephone Consult (30 Min)	1.00			-
				В	alance Due:	0.00
	06/17/2022	DOT 5 Panel Drug Screen	1.00	70.00		70.00
61342	06/17/2022 06/17/2022	Pre-Placement Exam DOT Physical Examination	1.00 1.00	90.00 90.00		90.00 90.00
					alance Due:	250.00
10261	06/07/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/03/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/17/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/17/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00
10261	06/28/2022	10 Panel Drug Screen	1.00	70.00		70.00
				B	alance Due:	70.00

					Invoice # 6684 Balance Due:			2165.00
Account Statement for City of Somerville								
	<u>Current</u>	<u> 30+ Days</u>	<u>60+ Days</u>	<u>90+ Days</u>	<u>120+ Days</u>	<u> 180+ Days</u>	<u> 360+ Days</u>	<u>Total</u>
Self Pay	305.00	1,350.00	2,165.00	1,470.00	0.00	0.00	0.00	5,290.00
Work Comp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Ins.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
90 Invs.	305.00	1,350.00	2,165.00	1,470.00	0.00	0.00	0.00	5,290.00

Cut and return with payment

Please remit **2,165.00** to

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Please place invoice number 6684 on check

Cambridge Public Health Commission PO Box 847438 Boston, MA 02284-7438 Phone: 617-591-4660 - -