PANOLA COUNTY SHERIFF'S OFFICE

Office: 903.693.0333

Fax: 903.693.9366



314 W. Wellington Carthage, Texas 75633

Sheriff Kevin Lake

March 30, 2016

The Honorable LeeAnn Jones Panola County Judge 110 S. Sycamore Carthage, Texas 75633

Dear Judge Jones,

Please add the following items to the next scheduled meeting of the Panola County Commissioner's Court:

Please record and approve the resignation of Heather Bowen as a Reserve Deputy for the Panola County Sheriff's Office effective March 30, 2016.

Sincerely,

Kevin Lake

KEEK

Sheriff

KL/lw

CC: Sidney Burns

Joni Reed

PANOLA COUNTY SHERIFF'S OFFICE

Office: 903.693.0333 Fax: 903.693.9366



314 W. Wellington Carthage, Texas 75633

Sheriff Kevin Lake

March 29, 2016

The Honorable LeeAnn Jones Panola County Judge 110 S. Sycamore Carthage, Texas 75633

Dear Judge Jones,

Please add the following items to the next scheduled meeting of the Panola County Commissioner's Court:

Please record and approve the resignation of Katie Byrd as a Reserve Deputy for the Panola County Sheriff's Office effective March 29, 2016.

Sincerely,

Kevin Lake

Kfake

Sheriff

KL/lw

CC: Sidney Burns

Joni Reed



Mailing Address: P.O. Box 625, Henderson, TX 75653 Phone: (903) 657-2391 or fax (903) 655-0061

March 23, 2016

Panola County Judge Attn: Lee Ann Jones 110 S Sycamore, Rm 213-A Carthage, TX 75633

Dear County Judge Lee Ann Jones and Panola County Commissioners Court:

We are pleased to inform you that effective March 23, 2016 Panola County's price for Road Oil will decrease by \$20.00 per ton for a delivered price of \$575.00 per ton.

Sincerely,

Billy Hodd Bry an Billy Todd Bryan

President

Patrick L. McElhaney

Controller

pmcelhaney@bryanasphalt.net

PRO RATA TOBACCO SETTLEMENT DISTRIBUTION COUNTY EXPENDITURE STATEMENT – 2016

Return completed Expenditure Statement by no later than, March 31, 2016

www.dshs.state.tx.us/tobaccosettlement

Direct your questions to: Anne Stokey (512)776.2591 or DSHSTobacco@dshs.state.tx.us

Name of County:	Panola		

Provide <u>calendar year 2015</u> unreimbursed health care expenditures for your *county* within the categories designated below. Information to help you prepare your statement follows:

The Agreement Regarding Disposition of Settlement Proceeds defines unreimbursed health care expenditures for counties not located wholly within a hospital district as "those actual expenditures made by a political subdivision which are directly attributable to the provision of health care services to the general public, either directly or by contract or agreement with a third party provider, and for which no reimbursement is made by or expected from any third party source or fund."

Calculation of unreimbursed health care expenditures are "all unreimbursed amounts, including unreimbursed jail health care, expended by such county for health care services to the general public during that year, *plus 15% of the total."

*General administrative and overhead costs of the county not directly related to the provision of health care services are contemplated in the 15% added.

Allowable Expenditure Categories:

A. Unreimbursed county indigent health care services:	\$_84,949.06
B. Unreimbursed jail health care: (See Footnote 1 on pg. 2 of 4)	\$ 214,225.79 (Attach Methodology Worksheet)
C. Additional unreimbursed personal health care services provided to the general public: (See Footnote 2 on pg. 2 of 4)	\$ 6,000.00 (Transfer from Category C Expenditure Worksheet)
D. Other allowable expenditures: (This category applies ONLY when a Non-Hospital District Public Hospital Expenditure Statement, regarding sale or lease of a public health care facility, applies). (See Footnote 3 on pg. 2 of 4)	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Total Expenditures Claimed for 2015: Categories A+B+C+D = \$	\$_1,583,851.85

Total Expenditures claimed (above) multiplied by 1.15 (Administrative and Overhead) equals Total Allowable Expenditures for 2015 (write Total below)

\$1,821,429.63

Total Allowable Expenditures for 2015

Pub. No. F29-12280 Revised 11/2015

Pro Rata Tobacco Settlement Distribution County Expenditure Statement - 2016

¹Unreimbursed jail health care expenditures may be calculated using either of the following two methods. The total may include unreimbursed health care expenditures for juveniles held under court commitment, at county expense. Indirect costs must be excluded from the calculation.

- (1) determine the total expenditures based on itemized health care expenses for prisoners over the entire year, subtracting any reimbursement received from entities outside your political subdivision to cover health care expenses for individual prisoners; or
- (2) determine the total expenditures based on itemized health care expenses for the entire year and apply the following formula:

Total Prisoner Health Care x <u>Unreimbursed Jail Population</u> = Unreimbursed Health Care Expenses
Total Jail Population

Attach a worksheet indicating which of the above methods you used to calculate unreimbursed jail health care expenditures, as well as the base numbers for your calculation.

²Expenditures in Category C must be for services such as a hospital district may provide. These are typically diagnostic and treatment services for individuals. Health care education, outreach, screening, laboratory services, counseling, and case management may be counted. Environmental services, such as mosquito control, water testing, and septic tank inspection may not be counted. Expenditures for population-based services not involving direct contact with an individual health care recipient, such as restaurant inspection, must also be excluded.

Complete the Attachment (page 4 of 4 of this expenditure statement) indicating the base numbers for your calculation of Category C expenditures.

³ Note the following additional provision in the tobacco settlement agreement, Section 5.B (4):

"To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures; to the extent they are verifiable, which are attributable to proceeds from the sale or lease of public health care facilities. To the extent that proceeds from the sale or lease of public health care facilities are represented by contractually obligated health care services for indigent residents of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates."

If the above provision is applicable to your political subdivision, complete and attach the Non-Hospital District Public Hospital Expenditure Statement indicating the base numbers for your calculation of Category Despenditures.

Pro Rata Tobacco Settlement Distribution County Expenditure Statement - 2016

The deadline for submission of expenditure statement and supporting documents to the Department of State Health Services (DSHS) is March 31, 2016. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is no later than April 30, 2016.

The information submitted on Expenditure Statement and Supporting Documents is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a political subdivision, the ineligible amount may be deducted from the subsequent year's payment to that political subdivision.

This is to certify that the above expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.

Name of County: Panola County	
Name of Certifying Officer: Lee Ann Jones	
Certifying Officer's Title: County Judge	
Certifying Officer's Signature: Date: 3-30	416
Telephone Number: (903) 693-0391 Email: leeann.jones@co.panola.tx.us	
STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTE	D

To submit your completed signed expenditure statement and documents, select a method:

Hand Delivery - must be received no later than 5:00 p.m., March 31, 2016 Department of State Health Services Funds Coordination & Management Attn: Anne Stokey, MC 4501, Rm. T-511 1100 W 49th Street, Austin, TX 78756

Fax: (512)776.7774 – must reflect a date no later than 11:59 p.m. CST, March 31, 2016, Attn: Ms. Stokey

Email: <u>DSHSTobacco@dshs.state.tx.us</u> – must reflect a date no later than 11:59 p.m. CST, March 31, 2016

Mail or Ship (via a commercial mail service) - the postmark must reflect a date no later than 11:59 p.m. CST, March 31, 2016
Department of State Health Services
Funds Coordination & Management
Attn: Anne Stokey, MC 4501, Rm. T-511
PO Box 149347, Austin, Texas 78714-9347

DSHS WILL ACKNOWLEDGE IN WRITING THE RECEIPT OF ALL COMPLETED SIGNED

Pub. No. F29-12280 Revised 11/2015

EXPENDITURE STATEMENTS Category C Expenditure Worksheet

On the appropriate line below, enter the base numbers for your county's additional unreimbursed personal health care services provided to the general public during calendar year 2015. Any unreimbursed expenditures that you made from a trust fund or reserve account for the provision of health care services may also be included below.

(1) Health care alinia laboratory and access	
(1) Health care clinic, laboratory, and case management services.	\$
(2) Dental care services	\$
(3) Outreach and prevention efforts related to tobacco use, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature.	\$
(4) Other health care outreach and prevention efforts, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. Typical target areas for these efforts include health hazards affecting the general public.	\$6,000.00
(5) Medical transportation	\$
(6) Behavioral or psychiatric health care services	\$
(7) Capital expenditures for health care services	\$
(8) Overhead costs for a health care facility	\$
(9) Emergency medical services	\$
(10) Medical supplies or equipment used for the provision of health care services to the general public.	\$
(11) Other services provided by the county which are also within the scope of services that hospital districts are authorized by law to provide. These will typically be diagnostic and treatment services. Describe:	\$
(12) Intergovernmental Transfer Payment(s) made by a county to a hospital(s) in their jurisdiction, in exchange for indigent health care services. NOTE: An Indigent Care Affiliation Agreement between the county and hospital(s) must also be provided to support IGT payment eligibility	\$

TOTAL FOR CATEGORY C

\$ 6,000.00

(Transfer total to Page 1, Category C)

Pub. No. F29-12280 Revised 11/2015



(

PRO RATA TOBACCO SETTLEMENT DISTRIBUTION NON-HOSPITAL DISTRICT PUBLIC HOSPITAL EXPENDITURE STATEMENT – 2016

Return completed Expenditure Statement by no later than, March 31, 2016

www.dshs.state.tx.us/tobaccosettlement

Direct your questions to: Anne Stokey (512)776.2591 or DSHSTobacco@dshs.state.tx.us

Name of Hospital: ETMC - Carthage

Provide the <u>calendar year 2015</u> unreimbursed health care expenditures for your *non-hospital district public hospital* within the categories designated below. The *Agreement Regarding Disposition of Settlement Proceeds* states that unreimbursed expenditures for a non-hospital district public hospital are to be calculated as <u>"the total unreimbursed amount of political subdivision funds paid to such public hospital by any political subdivision during that year."</u>

In addition, section 102.3(d) of the program rules regarding annual claims (unreimbursed health care expenditures) states the following:

- 1) As stated in subsection (a) of this section, unreimbursed expenditures are defined in the agreement as "those actual expenditures made by a Political Subdivision which are directly attributable to the provision of health care services to the general public, either directly or by contract or agreement with a third party provider, and for which no reimbursement is made by or expected from any third party source or fund. (Lump Sum Trust Account or Permanent Trust Account payments shall not count as reimbursement)".
- 2) Under this subsection, a political subdivision may claim political subdivision funds actually paid to the hospital owned by the political subdivision or transferred from a general revenue account of a political subdivision into the hospital's account(s) in order to provide funds for health care services to the general public.
- 3) A political subdivision may not claim political subdivision funds paid under paragraph (2) of this subsection when reimbursement is received by the hospital or political subdivision from any third party source or fund. Reimbursed funds are not "unreimbursed expenditures" under this subsection.
- 4) The term "unreimbursed expenditures" does not include contractual allowances or discounts for health care services under a third party payor agreement.

Pub. No. F29-12278 Revised 11/2015 Pro rata Tobacco Settlement Distribution Non-Hospital District Public Hospital Expenditure Statement - 2016

Allowable Expenditure Categories:

A.	Total amount of unreimbursed political subdivision	
	funds paid to a public hospital in calendar year 2015:	\$ 62,347.09

Provide name of political subdivision(s) paying funds to the public hospital:

PANOLA COUNTY

B. ¹Other allowable expenditures: See Footnote Category B

\$ 1,278,677

(attach worksheet indicating basis of calculation)

}

Total Expenditures Claimed for 2015 (Categories A+B)

S 1,341,024.09

Note the following additional provision in the tobacco settlement agreement, Section 5.B (4):

"To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures to the extent they are verifiable, which are attributable to proceeds from the <u>sale or lease of public health care facilities</u>. To the extent that proceeds for the sale or lease of public health care facilities are represented by contractually obligated health care services for indigent residents of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates."

Attach worksheet indicating base numbers for calculation of Category B expenditures.

The deadline for submission of this form to the Texas Department of State Health Services (DSHS) is March 31, 2016. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is no later than April 30, 2016.

The information submitted on this form is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a political subdivision, the ineligible amount may be deducted from the subsequent year's payment to that political subdivision.

Category B

This is to certify that the above expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.

Name of Political Subdivision (County/City): Panola County

Name of Hospital: ETMC - Carthage

Name of Certifying Officer: Lee Ann Jones

Certifying Officer's Title (County Judge, Mayor, etc): County Judge

Certifying Officer's Signature/Date: Judge Judge

Telephone Number: (903) 693-0391 Email: leeann.jones@co.panola.tx.us

STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED

To submit your completed signed expenditure statement and documents, select a method:

Hand Delivery - must be received no later than 5:00 p.m., March 31, 2016 Department of State Health Services Funds Coordination & Management Attn: Anne Stokey, MC 4501, Rm. T-511 1100 W 49th Street, Austin, TX 78756

Fax: (512)776.7774 - must reflect a date no later than 11:59 p.m. CST, March 31, 2016,

Attn: Ms. Stokey

Email: <u>DSHSTobacco@dshs.state.tx.us</u> – must reflect a date no later than 11:59 p.m. CST, March 31, 2016

Mail or Ship (via a commercial mail service) - the postmark must reflect a date no later than 11:59 p.m. CST, March 31, 2016
Department of State Health Services
Funds Coordination & Management
Attn: Anne Stokey, MC 4501, Rm. T-511
PO Box 149347, Austin, Texas 78714-9347

DSHS WILL ACKNOWLEDGE IN WRITING THE RECEIPT OF ALL COMPLETED SIGNED EXPENDITURE STATEMENTS

Pub. No. F29-12278 Revised 11/2015

PANOLA COUNTY INDIGENT HEALTH CARE SERVICES WORKSHEET

Panola County owns a hospital, formerly known as Panola General Hospital. This facility has been leased to East Texas Medical Center, and it is now known as ETMC-Carthage. A part of the financial arrangement was that ETMC would provide Indigent Care each year to Panola County residents equal to 4% of the Carthage facility's Net Patient Revenue. Total Charges for 2015 were \$12,029,753.

2015 MEDICAID REIMBURSEMENT RATES: \$1,372,511

Panola County also reimburses physicians for their Inpatient and Outpatient Care for indigents at Medicaid rates.

2015 TOTAL PHYSICIAN REIMBURSEMENT: \$ 67,707.29

RECAP

COUNTY INDIGENT HEALTH CARE SERVICES

Physician reimbursements	\$ 62,347.09
Prescriptions – US Script	11,457.97
Indigent Software Monthly Service Fee & Training	 11,144.00
TOTAL (Category "A")	\$ 84,949.06

UNREIMBURSED JAIL HEALTH CARE WORKSHEET

Panola County's calculations are based on method (1): total expenditures less any reimbursement from entities outside our political subdivision.

Expenditures on Inmates	\$ 214,225.79
Reimbursements	- 0 -
TOTAL (Category "B")	\$ 214,225.79

ADDITIONAL UNREIMBURSED PERSONAL HEALTH CARE

Panola County has a County Health Officer that is paid on a monthly basis.

Expenditures for County Health Officer	\$ 6,000.00
TOTAL (Category "C")	\$ 6,000.00

OTHER ALLOWABLE EXPENDITURES

Contractually Obligated health services provided for indigent residents of Panola County by lessee of hospital as described above.

2015 Allowable amount based on Medicaid reimbursement rates	\$1,278,677
TOTAL (Category "D")	\$1,278,677

East Texas Medical Center Carthage Other Allowable Expenditures

\$ 12,029,753 Total charg	ges from indigent patients
<u>11.4%</u> 2015 Medi	caid Reimbursement ratio
\$ 1,372,511 Total cost	of indigent patients
 (93,834) Payments I	by indigent patients
\$ 1,278,677 Other allow	wable expenditures

2015 TOBACCO SETTLEMENT

	\$ 84,949.06 A	\$ 214,225.79 B	\$ 6,000.00 C	\$ 1,278,677.00 D
62,347.09	22,601.97			
s	w			
(5,360.20) A \$ 67,707.29 A	\$ 11,006.00 A \$ 138.00 A \$ 11,457.97 A	\$ 214,225.79 B	\$ 6,000.00 C	\$ 1,278,677.00 D
REIMBURSEMENTS REC ETMC PAYMENTS TO PHYS	SOFTWARE MONTHLY SUPPORT ADD'L REIMBURSEMENTS EXP US SCRIPTS	JAIL MEDICAL	COUNTY HEALTH OFFICER	ETMC INDIGENT PAYMENTS INPT AND OUTPT PMTS

The V.G. Young Institute of County Government

Awards This Certificate To

Ronnie LaGrone

For Successfully Completing 16.00 Hours of Educational Training

During the

School for County Commissioners Courts

College Station, TX February 16-18, 2016

Douglas L. Steffe, Director, Texas A&M Agrilishe Extension Service



Peter J. McGuill, Director, V.G. Young Institute of County Government



Grover "Tiger" Worsham, President, County Judges and Commissioners Association of Texas

The V.G. Young Institute of County Government

Awards This Certificate To

John Gradberg

For Successfully Completing 16.00 Hours of Educational Training

During the

School for County Commissioners Courts

February 16-18, 2016 College Station, TX

Douglas L. Steffe, Director, Texas A&M AgriLife Extension Service



Peter J. McGuill, Director, V. G. Young Institute of County Government



Grover "Tiger" Worsham, President, County Judges and Commissioners Association of Texas

15 al

EXTENSION

TEXAS A&M GRILIFE

The V.G. Young Institute of County Government

Awards This Certificate To

Frank Langley Jr.

For Successfully Completing 16.00 Hours of Educational Training

During the

School for County Commissioners Courts

February 16-18, 2016 College Station, TX

Douglas L. Steffe, Director, Texas A&M AgriLife Extension Service

TEXAS A&M

Peter J. McGuill, Director, V. G. Young Institute of County Government

Grover "Tiger" Worsham, President, County Judges and Commissioners Association of Texas **EXTENSION**



The V.G. Young Institute of County Government

Awards This Certificate To

Dale LaGrone

For Successfully Completing 16.00 Hours of Educational Training

During the

School for County Commissioners Courts

February 16-18, 2016 College Station, TX

Douglas L. Steffe, Director, Texas A&M AgriLife Extension Service

Douglas I. Steffe, Director, Texas A&M AgriLife Extension Service

Line Aur Old Beter J. McGuill, Director, V.G. Young Institute of County Government

TEXAS A&M



Grover "Tiger" Worsham, President, County Judges and Commissioners Association of Texas 1351 **EXTENSION**



PANOLA COUNTY 2016 BUDGET AMENDMENT #4 April 11, 2016

	ACCOUNT	ACCOUNT DESCRIPTION	AMOUNT	
GENERAL FUND				
EXPENDITURES				
MISC. & NON-DEP	PARTMENTAL			
	100-409-54080	CONTINGENCY	(20,000)	
	100-409-54150	PROFESSIONAL SERVICES	20,000	
GRAND TOTAL MI	SC. & NON-DEPARTN	MENTAL		0

PANOLA COUNTY 2016 **BUDGET AMENDMENT #4**

We hereby amend the Panola County Budget for the Fiscal Year 2016 as set forth above according to the procedures outlined under Vernons Texas Codes Annotated Local

Government Code, Chapter 111, Subchapter A Sections 111.010 (d), 111.0106,
111.0107, 111.0108. A copy of this Order is to be filed with the County Clerk and
Attached to the Budget originally adopted for 2016. Signed on this May of May
Commissioner Precinct # 1 Commissioner Precinct # 2 Commissioner Precinct # 4 Commissioner Precinct # 4
Passed and approved by the Commissioners Court of Panola County on the 11+10 day
of April , 2016 as the same appears on file in the office of the County
Clerk of Panola County.
County Clerk

VOL. 98 PAGE 0225

APPROVED

04-11-2016

PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE See Ann Jones,

County Judge

NAME:	Chris Hansen
POSITION:	Detention Officer
DEPARTMENT:	Panola County
DATE:	3.31.16
CONFERENCE:	Detention School
LOCATION:	Hat Panda County
DATES:	4-11-16 to 4.26.16
NUMBER OF DAYS	OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	e meet your educational requirements for the year? <u> </u>
If not, how much of	your requirements will be met by this conference?80 hrs
How much of your re	equirements have been met already, not counting this conference?
	NONE
	re you been away from your job this year for conferences, not ence?NONモ
Do you have sufficie	ent funds in your budget for this conference?
Write a short statem attendance at this co	nent explaining the public purpose that will be met by your conference: (continue on the back if necessary.)
For	- Detention State Certification
	or License.
)

04-11-2016

PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE ee Ann Jones,

County Judge

NAME:	mathew Mitchell
POSITION:	Detertion Officer
DEPARTMENT:	Panola County
DATE:	3.31.16
CONFERENCE:	Detention Echool
LOCATION:	Panda County
DATES:	4-11-16 to 4-26-16
NUMBER OF DAYS	OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	meet your educational requirements for the year?
If not, how much of y	your requirements will be met by this conference? 80 hrs
How much of your re	equirements have been met already, not counting this conference?
	NONE
How many days have counting this confere	eyou been away from your job this year for conferences, not ence?
Do you have sufficier	nt funds in your budget for this conference?
Write a short stateme attendance at this co	ent explaining the public purpose that will be met by your nference: (continue on the back if necessary.)
For	Detention State Certification
to	Detention state Certification
0	

VOL. 98 PAGE 0227

APPROVED

PANOLA COUNTY OFFICIAL/EMPLOYEE 04-REQUEST FOR ATTENDANCE AT A CONFERENCE

NAME:	ravis Curry
TVAIVIE.	DI Carry
POSITION:	ration Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	V
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	Carthage Police Department
DATES:	April 7, 2016 0
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	ce meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your i	equirements have been met already, not counting this conference?
How many days har counting this confer	ve you been away from your job this year for conferences, not ence?
Do you have suffici	ent funds in your budget for this conference? Yes
Write a short staten attendance at this c	nent explaining the public purpose that will be met by your onference: (continue on the back if necessary.)
CIT U	polate is required by the state
in cleatin	polate is required by the state

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PANOLA COUNTY OFFICIAL/EMPLOYEE 04-1 REQUEST FOR ATTENDANCE AT A CONFERENCE

APPROVED

04-11/20/16

	County Judge
NAME:	Inillip Grimes
POSITION:	Patrol Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	•
CONFERENCE:	CIT update + Child Safety Check Carthage Police Department
LOCATION:	Carthage Police Department
DATES:	April 5, 2016 10
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	ce meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your of hours	requirements have been met already, not counting this conference?
How many days ha counting this confe	ve you been away from your job this year for conferences, not
Do you have suffici	ent funds in your budget for this conference? Yes
Write a short staten attendance at this c	nent explaining the public purpose that will be met by your conference: (continue on the back if necessary.)
CIT Up	date is requirement by state
in dealing	with mental health problems.
<u> </u>	

VOL. 98 PAGE 0229

APPROVED 04–11-2016

PANOLA COUNTY OFFICIAL/EMPLOYEE 04-11REQUEST FOR ATTENDANCE AT A CONFERENCE

	County Judge
NAME:	Kichard Mojica
POSITION:	Patrol Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	•
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	CIT update + Child Safety Check Carthage Police Department
DATES:	April 5, 2016
NUMBER OF DAYS	OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	e meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your r	equirements have been met already, not counting this conference?
How many days have counting this confer	re you been away from your job this year for conferences, not ence?
Do you have sufficie	ent funds in your budget for this conference? Yes
Write a short statem attendance at this co	nent explaining the public purpose that will be met by your ponference: (continue on the back if necessary.)
CIT Up	date is requirement by the state
in dealing	with mental health problems.

98 PAGE 0230

PANOLA COUNTY OFFICIAL/EMPLOYEE 04-

APPROVED

04-11-2016

NAME:	Josh Nagle
POSITION:	Patrol Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	V
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	CIT update + Child Safety Check Carthage Police Department
DATES:	April 5, 2016 10
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	ce meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your r	requirements have been met already, not counting this conference?
4 hour	5
How many days have confer	ve you been away from your job this year for conferences, not
Do you have sufficie	ent funds in your budget for this conference? Yes
Write a short statem attendance at this c	nent explaining the public purpose that will be met by your onference: (continue on the back if necessary.)
CIT, Up	date is required by the state
in dealing	with montal health problems
<i>J</i>	

VOL. 98 PAGE 0231

APPROVED 04–11-2016

PANOLA COUNTY OFFICIAL/EMPLOYEE 04-1 REQUEST FOR ATTENDANCE AT A CONFERENCE

NIANE.	
NAME:	Jesemy Magle
POSITION:	Vatrol Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	V
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	CIT update + Child Safety Check Carthage Police Department
DATES:	April 7, 2016 50
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conferen	ce meet your educational requirements for the year?
If not, how much of	f your requirements will be met by this conference?
How much of your	requirements have been met already, not counting this conference?
How many days ha counting this confe	ve you been away from your job this year for conferences, not rence?
Do you have suffici	ent funds in your budget for this conference? Yes
Write a short staten	nent explaining the public purpose that will be met by your conference: (continue on the back if necessary.)
CITU	epolate is required by the state
in cleating	godate is required by the state

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PANOLA COUNTY OFFICIAL/EMPLOYEE 04-2 REQUEST FOR ATTENDANCE AT A CONFERENCE

APPROVED

04-11-2016

NAME:	Chadd Gray
POSITION:	Patrol Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	V .
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	CIT update + Child Safety Check Carthage Police Department
DATES:	April 7, 2016 to
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conferen	ce meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your	requirements have been met already, not counting this conference?
How many days ha counting this confe	ve you been away from your job this year for conferences, not
Do you have suffici	ent funds in your budget for this conference?
Write a short staten attendance at this c	nent explaining the public purpose that will be met by your onference: (continue on the back if necessary.)
CIT us	odate is required by the state

 $9\,8\,\text{PAGE}\,0233$

APPROVED 04–11-2016

PANOLA COUNTY OFFICIAL/EMPLOYEE 04REQUEST FOR ATTENDANCE AT A CONFERENCE

NAME:	Linda Pope
POSITION:	Civil Sergeaut
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	V
CONFERENCE:	CIT apolate + Child Safety Check
LOCATION:	CII apolate + Child Safety Check Carthage Police Department
DATES:	April 5, 2016 10
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	ce meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your	requirements have been met already, not counting this conference?
How many days hat counting this confer	ve you been away from your job this year for conferences, not rence?
Do you have suffici	ent funds in your budget for this conference? Yes
Write a short staten attendance at this c	nent explaining the public purpose that will be met by your onference: (continue on the back if necessary.)
CIT upde	ate is required by the state
in dealing	with mental health issues.

$9.8\,\mathrm{PAGE}\,0.2\,3\,4$ PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE

APPROVED

04-11-2016

	County Judge
NAME:	Garrett Wallace
POSITION:	Jail Sergeant
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
	V
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	CIT update + Child Safety Check Carthage Police Department
DATES:	April 5, 2014 to
NUMBER OF DAY	S OUT OF OFFICE FOR THIS CONFERENCE:
Does the conferen	ce meet your educational requirements for the year?
If not, how much of	f your requirements will be met by this conference?
How much of your	requirements have been met already, not counting this conference?
How many days ha counting this confe	ve you been away from your job this year for conferences, not rence?
Do you have suffici	ent funds in your budget for this conference? Yes
Write a short stater attendance at this o	ment explaining the public purpose that will be met by your conference: (continue on the back if necessary.)
CIT	update is requirement by the state
in dealing	with mental health problems.
E ET E S S S	

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APPROVED 04-1/12016

PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE

	County Judge
NAME:	Heather Green
POSITION:	Administrative Deputy
DEPARTMENT:	Panola County Sheriff's Office
DATE:	April 1, 2016
CONFERENCE:	CIT update + Child Safety Check
LOCATION:	Carthage Police Department
DATES:	April 7, 2016 50
NUMBER OF DAYS	OUT OF OFFICE FOR THIS CONFERENCE:
Does the conference	e meet your educational requirements for the year?
If not, how much of	your requirements will be met by this conference?
How much of your r	equirements have been met already, not counting this conference?
How many days have counting this confer	ve you been away from your job this year for conferences, not ence?
Do you have sufficie	ent funds in your budget for this conference? Yes
Write a short statem attendance at this c	nent explaining the public purpose that will be met by your conference: (continue on the back if necessary.)
CIT Uy in dealing	with mental health issues.

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APPROVED 04–11-2-016

PANOLA COUNTY OFFICIAL/EMPLOYEE 04-1 REQUEST FOR ATTENDANCE AT A CONFERENCE

	County Judge	
NAME:	Hollie Majica	
POSITION:	_Civil Deputy	
DEPARTMENT:	Panola County Sheriff's Office	
DATE:	April 1 2016	
CONFERENCE:	CIT apolate + Child Safety Check	
LOCATION:	CII apolate + Child Safety Check Carthage Police Department	
DATES:	April 7, 2016 x6	
NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE:		
Does the conference meet your educational requirements for the year?		
If not, how much of your requirements will be met by this conference?		
How much of your r	equirements have been met already, not counting this conference?	
How many days have counting this confer	ve you been away from your job this year for conferences, not rence?	
Do you have sufficient funds in your budget for this conference? Yes		
Write a short staten attendance at this c	nent explaining the public purpose that will be met by your onference: (continue on the back if necessary.)	
CIT updo	the is required by the state	
in dealing	with mental health issues.	

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PANOLA COUNTY OFFICIAL/EMPLOYEE REQUEST FOR ATTENDANCE AT A CONFERENCE

APPROVED 04-11-2016

NAME:	Dobbie Davis	
POSITION:	County Clerk	
DEPARTMENT:	County Clerk	
DATE:	4/5/16	
CONFERENCE:	Vital Statistics Summer Conference	
LOCATION:	Galveston, Texas	
DATES:	June 12,2016 to June 14,2016	
NUMBER OF DAYS OUT OF OFFICE FOR THIS CONFERENCE:		
Does the conference meet your educational requirements for the year?		
If not, how much of your requirements will be met by this conference? Unknown		
How much of your requirements have been met already, not counting this conference?		
16.15		
How many days have you been away from your job this year for conferences, not		
counting this conference? 5		
Do you have sufficient funds in your budget for this conference?		
Write a short statement explaining the public purpose that will be met by your attendance at this conference: (continue on the back if necessary.)		
Information	in on Birth + Death Registration will	
be taught at this conference.		