



ERIE COUNTY WATER AUTHORITY

INTEROFFICE MEMORANDUM

June 6th, 2025

To: Terrence D. McCracken, Secretary to the Authority

From: Dave Aubertine, Director IT & Cybersecurity *DWA*

Subject: IT Travel Request

The NYGeoCon Conference is scheduled for October 8th- 10th, 2025 in Lake Placid, NY. The conference provides opportunities for comprehensive education, in-depth discussion, and exchanging ideas. This conference will also provide an opportunity to meet with various utilities GIS representatives and consultants and to obtain information on the new geolocation, mapping and other relevant technologies.

I am requesting Board Authorization to travel to the above-referenced conference for: Ryan Cassens, GIS Planner.

Budget Information:

Unit: 8525

O&M Budget Item 12 – Travel

O&M Budget Item 37 - Training

DWA:

cc:

C. Eaton

J. Tomaka

L Kowalski

L. Lester,

T. McCracken

M. Carney

**ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Board Meeting Documents**

Document Name: _____ **Project No.:** _____

Description: _____

Item Description:

Choose one:

Other: _____

Action Requested:

Choose one:

Other: _____

Approvals Required:

APPROVED AS TO CONTENT:

Chief Financial Officer _____ Date: _____

Chief Operating Officer  _____ Date: 06/25/2025

Claims Rep. – Risk Manager _____ Date: _____

Comptroller _____ Date: _____

Director of Administration _____ Date: _____

Director of Distribution _____ Date: _____

Director of Human Resources _____ Date: _____

Director of IT  _____ Date: 6/20/25

Director of Production _____ Date: _____

Director of Water Quality _____ Date: _____

Executive Engineer _____ Date: _____

General Counsel (Legal) _____ Date: _____

Other: _____ Date: _____

APPROVED FOR BOARD RESOLUTION:

Secretary to the Authority  _____ Date: 07/14/2025

Remarks: _____ \$1,115.00

Resolution Date: _____ **Item No:** _____

TRAINING REQUEST

Date: _____

| Employee Name | Job Title | Department |
|---------------|-----------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Dates of Training

From: _____ To: _____ Total number of business days: _____

Training requests which require overnight accommodations must be accompanied by a Travel Request form.

Training Information

Title of Course(s) _____

Description _____

Is this course needed to meet continuing education or contact hour requirements? _____

How many credit hours will you receive? _____

How many credits (per year) required for your license? _____

How many credits do you have year-to-date? _____

Are there 2 or more people attending this seminar? _____

Are there concurrent sessions? _____

Why is there a need for 2 or more people to attend this seminar? _____

Estimated Cost

Registration Fee \$ _____ Mileage & Tolls \$ _____

TOTAL ESTIMATED COST \$ _____

Balance in the training budget prior to this trip \$ _____

Unit Number _____ Primary Number _____ G/L Number _____

Approvals

Department Head _____ Date _____

Chief Operating Officer _____ Date 6/18/25

Secretary _____ Date 06/18/2025

TRAVEL REQUEST

Date: _____

| Employee Name | Job Title | Department |
|---------------|-----------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Destination: _____

Is this training needed to meet professional licensing requirements? _____

Description of training or business, and reasons and benefits of attendance: _____

Dates of Travel

From: _____ To: _____ Total number of business days: _____

Estimated Cost

Transportation \$ _____ Hotel Accommodations \$ _____ Meals \$ _____

TOTAL ESTIMATED COST \$ _____ W/ REGISTRATION FEE \$ _____

Balance in the training budget prior to this trip \$ \$7,865.00

Unit Number 8525 Primary Number _____ G/L Number 37

Comments (i.e. spouse traveling, preferences): _____

Approvals

Department Head  Date 16 JUN 25

Chief Operating Officer  Date 16 JUN 25

Secretary  Date 06/18/2025