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STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE COMMISSIONER

Lori A. Weaver  
Commissioner

Morissa Henn  
Deputy Commissioner

129 PLEASANT STREET, CONCORD, NH 03301-3857  
603-271-9200 1-800-852-3345 Ext. 9200  
Fax: 603-271-4912 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

December 2, 2024

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the Department of Health and Human Services, to enter into an educational tuition agreement and to pay said costs in an amount of \$891.00 as follows:

Institution:	Southern New Hampshire University PO Box 55008 Boston, MA 02205-5008
Course Title(s):	IT OPS/Systems Planning
Course Date(s):	Begin: 01/06/2025 End: 03/02/2025
Employee:	Shaun Runyon
Funding Source:	05-95-95-953010-56770000-066-500544
Total Cost of Course(s):	\$891.00
State Share:	\$891.00
Source of Funds:	Employee Training, 20% Federal, 80% General

### EXPLANATION

This education will benefit the Department of Health and Human Services (DHHS) and Shaun Runyon by improving the overall effectiveness of the employee's work. Shaun will explore the use of cloud-based databases and design to implement a system to meet organizational needs. This employee will develop the skills needed to help different divisions be more interconnected by using cloud-based systems to share appropriate information across multiple areas. Shaun also will learn how to maintain these databases in a secure environment to protect confidential information. Completing this course is also part of Shaun's longer-term goal of obtaining a Bachelor's degree in Information Technology, with a focus on Cybersecurity.

This course, *IT OPS/Systems Planning*, explores how organizational strategy, mission, and vision influence the operational and strategic plans of an organization's information technology environment. Through integration of organizational requirements and applicable laws and regulations, students will design an IT operations plan and a strategic plan for implementing a new system architecture.

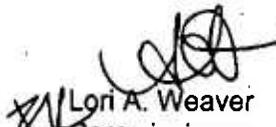
Shaun Runyon has been employed by the Department of Health and Human Services for twelve (12) years, with just over three (3) years in the current position of 15-1250 Developer and Programmer-2 with the Information Systems Department at New Hampshire Hospital. This employee is tasked with several ongoing projects to improve the electronic health record by ensuring the data required is captured accurately and providing system support to ensure that employees have the appropriate access to complete their job functions.

The Department of Health and Human Services encourages and supports employees who wish to further their professional growth through continuing education in disciplines that are mutually advantageous. Successful completion of the courses will add to the overall strength of the Department to perform its mission to the residents of New Hampshire.

This course will not be taken on State time.

Attached is a fully executed Tuition Agreement for your review.

Respectfully submitted,

  
Lori A. Weaver  
Commissioner



THE STATE OF NEW HAMPSHIRE  
EDUCATIONAL TUITION AGREEMENT

Agreement dated this 21 day of November 2024 by and through the Department of Health and Human Services (hereinafter referred to as the "State") and Shaun Runyon (hereinafter referred to as the "Recipient"). The State and the Recipient do hereby mutually agree as follows:

- The State shall pay to the named institution the sum of \$ 891.00, which monies shall be used for the purpose of enrolling the Recipient in: IT OPS/Systems Planning (course name), which course is being offered by: Southern New Hampshire University and which course shall commence on January 6 2025 and terminate on March 02 2025.
- The Recipient shall complete and achieve a passing grade in each course named in paragraph 1.
- Should the Recipient fail to complete or achieve a passing grade in each course named in paragraph 1, the Recipient shall pay to the State the sum set forth in paragraph 1, provided, however, that if more than one course is named in paragraph 1, the amount which shall be paid to the State shall be calculated on a pro rata basis.
- Upon the satisfactory completion of the courses named in paragraph 1, the Recipient shall continue in the employ of the State in his/her current position (or in such other position, at equal or greater compensation, to which he/she may be assigned) for a period of six (6) months.
- The Recipient shall work in any area of the State to which he/she may be assigned, provided that such assignment will not constitute a severe hardship to said Recipient.
- Should the Recipient breach any of the conditions set forth in paragraphs 4 and 5, the Recipient shall pay to the State a sum equal to all monies previously paid by the State for the Recipient pursuant to the Agreement, provided, however, that the Recipient shall receive a credit for each month in which he/she is employed by the State subsequent to the date upon which the named course(s) are satisfactorily completed, the value of said credit to be calculated on a pro rata basis.
- The Recipient shall not raise any setoff or counterclaim against the State in any action brought by the State to collect any amount due under this agreement.
- Should any amount be found to be due the State in any action brought against the Recipient pursuant to this Agreement, the State shall, in addition to said amount, be entitled to an award of costs and a reasonable amount in "attorney" fees.

IN WITNESS WHEREOF the representatives of the State, in his/her official capacity only, and without personal liability, and the Recipient, have hereunto set their hands on the date first above written.

RECIPIENT

(signature) [Signature] (printed name) Shaun Runyon

NOTARY State of New Hampshire, County of Belknap  
On this the 22<sup>nd</sup> day of Nov, 2024, before me, Erik Steuber, the undersigned officer, personally appeared,

Shaun Runyon (recipient) known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein

In witness whereof I hereunto set my hand and official seal.



THE STATE OF NEW HAMPSHIRE

DHHS Commissioner or Designee Signature

(printed name, title) David H. Landrey, Assoc. Commissioner

(date) 12/2/24