



**AGENDA
NOTICE OF SPECIAL MEETING OF THE
WINSLOW PUBLIC SAFETY FIRE
PERSONNEL RETIREMENT BOARD**

TUESDAY, MAY 7, 2024 – 4:10 P.M.

Pursuant to A.R.S. 38-431.02, notice is hereby given to the Winslow Public Safety Fire Personnel Retirement Board and to the general public that the Winslow Public Safety Fire Personnel Retirement Board will hold a special meeting open to the public on Tuesday, May 7, 2024 at 4:10 p.m. in the City Hall Conference Room, 21 Williamson Avenue, Winslow, Arizona. Members of the Board will attend either in person or telephonically by dialing 928-289-8412 and entering pin # 123321.

- 1. PLEDGE OF ALLEGIANCE AND INVOCATION**
- 2. ROLL CALL - EXCUSE ABSENT MEMBERS**
- 3. DISCUSSION AND/OR ACTION TO APPROVE MINUTES – Special Meeting of October 19, 2023**
- 4. BOARD CONSIDERATION AND ACTION**
 - A. Discussion and/or Action Regarding Approval of Membership for Firefighter/EMT Phillip Stago
 - B. Discussion and/or Action Regarding Approval of Membership for Firefighter/EMT James Martinez
 - C. Discussion and/or Action Regarding Approval of Membership for Firefighter/EMT Jordan Williams
- 5. ADJOURNMENT**

A copy of the agenda background materials already made available to the Board Members is available at City Hall, 21 Williamson Avenue, Winslow, Arizona between the hours of 7:30 a.m. and 4:30 p.m., Monday through Friday.

Pursuant to the Americans with Disabilities Act (ADA) the Board endeavors to ensure the accessibility of its meetings to all persons with disabilities. Assistive listening devices are available for the public's use for meetings. Reasonable accommodations will be made upon request for persons with disabilities or for those who speak English other than very well. If you need an accommodation for a meeting, please call the City Clerk's Office at 928-289-1416 at least 48 hours prior to the meeting so that an accommodation can be arranged.

Notice is hereby given that pursuant to A.R.S. 1-602.A.9, subject to certain specified statutory exceptions, parents have a right to consent before the State or any of its political subdivisions make a video or audio recording of a minor child. Meetings of the Board are audio and/or video recorded, and, as a result, proceedings in which children are present may be subject to such recording. Parents in order to exercise their rights may either file written consent with the City Clerk to such recording, or take personal action to ensure that their child or children are not present when a recording may be made. If a child is present at the time a recording is made, the City will assume that the rights afforded parents pursuant to A.R.S. 1-602.A.9 have been waived.

Minutes of the special meeting of the Winslow Public Safety Fire Personnel Retirement Board held on October 19, 2023 at 9:00 a.m. in the City Hall Conference Room, 21 Williamson Avenue, Winslow, Arizona.

MEMBERS PRESENT

Chairperson Roberta Cano (via telephone)
Ector Aguilera (Lieutenant)
Mary Ann Smith

MEMBERS ABSENT

Nolan Horn (Firefighter)
Kenn Evans

STAFF PRESENT

Kelley Pugh, Human Resources Manager
Suzy Wetzel, Recording Secretary

Chairperson Cano called the meeting to order. The Pledge was given and the invocation was offered by Board Member Smith. Roll call was taken and Board Members Evan and Horn were absent. Chairperson Cano made a motion to excuse the absent members. The motion was seconded by Board Member Smith and passed unanimously with Chairperson Cano and Board Members Aguilera and Smith voting yes.

DISCUSSION AND/OR ACTION TO APPROVE MINUTES – Special Meeting of March 7, 2023

Chairperson Cano made a motion to approve the minutes of March 7, 2023. The motion was seconded by Board Member Smith and passed unanimously with Chairperson Cano and Board Members Aguilera and Smith voting yes.

BOARD CONSIDERATION AND ACTION

A. Discussion and/or Action Regarding Approval of Return to Work Acknowledgement for Fire Chief Michael Duran

The Human Resources Manager advised that the Fire Chief's Return to Work Acknowledgment requires local Board approval.

Board Member Smith made a motion to approve the Return to Work Acknowledgement for Fire Chief Michael Duran. The motion was seconded by Board Member Aguilera and passed unanimously with Chairperson Cano and Board Members Aguilera and Smith voting yes.

ADJOURNMENT

Chairperson Cano made a motion to adjourn at 9:05 p.m. The motion was seconded by Board Member Smith and passed unanimously with Chairperson Cano and Board Members Aguilera and Smith voting yes.

Chairperson

ATTEST:

Suzy Wetzel, Recording Secretary

MEMBERSHIP FORM

PLEASE PRINT

INTERSYSTEM TRANSFER

U2 TRANSFER

Phillip M. Stago M F _____
 Name Sex Marital Status Home Phone Number

 Social Security Number Birth Date Email Address

ADDRESS: _____
 (Street) (Apt No.) Winslow AZ 86047
 (City) (State) (Zip)

Stago _____
 Name of Spouse Birth Date Number of Children under 18

I declare under penalty of perjury that the above information is true, correct and complete, to the best of my knowledge and belief. (A person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the System with an intent to defraud such System is guilty of a Class 6 felony. A.R.S. Section 38-849.B)

5.3-1924 [Signature]
 Date Signature of Employee

***** SIGNATURE REQUIRED *** CANCER INSURANCE PROGRAM:** Pursuant to A.R.S. § 38-644, I understand that I will be automatically enrolled in the Cancer Insurance Program as of my membership date acknowledged by my employer below. Information regarding this benefit can be found at www.psprs.com

5/3/24 [Signature]
 Date Signature of Employee

EMPLOYER ACKNOWLEDGMENT

03/25/2024 City of Winslow Fire Department
 Membership Date (with current employer) Employer

Firefighter / EMT \$ _____
 Position and Classification (Employee Must Work Full Time 40+ Hours Per Week To Be Eligible) Current Annual Salary

I hereby acknowledge that this person is a full time (40+ hours) employee and the Membership Date and Position or Classification information provided by the member above corresponds with the information in our personnel files.

05/03/2024 (928)289-1414 Kelley Pugh
 Date Telephone Number Authorized Signature of Employer

SIGNEE TITLE: HR Manager E-MAIL ADDRESS: kpugh@winslowaz.gov

PLEASE PROVIDE A COPY OF THE MEMBER'S SOCIAL SECURITY CARD

MEMBERSHIP FORM

PLEASE PRINT

INTERSYSTEM TRANSFER

U2 TRANSFER

James Martinez Name (M) Sex _____ Marital Status () - Home Phone Number

_____ Social Security Number _____ Birth Date _____ Email Address

ADDRESS: 1021 Bales Ave (Street) _____ (Apt No.) Winslow (City) AZ 86047 (State) (Zip)

NA Name of Spouse _____ Birth Date _____ Number of Children under 18

I declare under penalty of perjury that the above information is true, correct and complete, to the best of my knowledge and belief. (A person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the System with an intent to defraud such System is guilty of a Class 6 felony. A.R.S. Section 38-849.B)

05/03/2024
Date

[Signature]
Signature of Employee

***** SIGNATURE REQUIRED*** CANCER INSURANCE PROGRAM:** Pursuant to A.R.S. § 38-644, I understand that I will be automatically enrolled in the Cancer Insurance Program as of my membership date acknowledged by my employer below. Information regarding this benefit can be found at www.psprs.com.

_____ Date _____ Signature of Employee

EMPLOYER ACKNOWLEDGMENT

03/25/2024 Membership Date (with current employer) City of Winslow Fire Department Employer

Firefighter / EMT Position and Classification (Employee Must Work Full Time 40+ Hours Per Week To Be Eligible) Full time \$ _____ Current Annual Salary

I hereby acknowledge that this person is a full time (40+ hours) employee and the Membership Date and Position or Classification information provided by the member above corresponds with the information in our personnel files.

05/03/2024 Date (928)289-1414 Telephone Number Kelley Pugh Authorized Signature of Employer

SIGNEE TITLE: HR Manager E-MAIL ADDRESS: kpugh@winslowaz.gov

PLEASE PROVIDE A COPY OF THE MEMBER'S SOCIAL SECURITY CARD

ITEM 4B

MEMBERSHIP FORM

PLEASE PRINT

INTERSYSTEM TRANSFER

U2 TRANSFER

John Scott Williams Name (M) Sex o Marital Status (928) 1 - Home Phone Number

_____ Social Security Number _____ Birth Date _____ Email Address

ADDRESS: 221 E Gilman St (Street) N/A (Apt No.) Winslow (City) Arizona 86047 (State) (Zip)

N/A Name of Spouse 1 1 N/A Birth Date N/A Number of Children under 18

I declare under penalty of perjury that the above information is true, correct and complete, to the best of my knowledge and belief. (A person who knowingly makes any false statement or who falsifies or permits to be falsified any record of the System with an intent to defraud such System is guilty of a Class 6 felony. A.R.S. Section 38-849.B)

5/4/2024 Date [Signature] Signature of Employee

***** SIGNATURE REQUIRED*** CANCER INSURANCE PROGRAM:** Pursuant to A.R.S. § 38-644, I understand that I will be automatically enrolled in the Cancer Insurance Program as of my membership date acknowledged by my employer below. Information regarding this benefit can be found at www.psprs.com.

5/4/2024 Date [Signature] Signature of Employee

EMPLOYER ACKNOWLEDGMENT

03/25/2024 Membership Date (with current employer) City of Winslow Fire Employer

Firefighter / EMT Position and Classification (Employee Must Work Full Time 40+ Hours Per Week To Be Eligible) Full-time \$ Current Annual Salary

I hereby acknowledge that this person is a full time (40+ hours) employee and the Membership Date and Position or Classification information provided by the member above corresponds with the information in our personnel files.

05/06/2024 Date (928) 289-1414 Telephone Number Kelley Pugh Authorized Signature of Employer

SIGNEE TITLE: HR Manager E-MAIL ADDRESS: kpugh@winslowaz.gov

PLEASE PROVIDE A COPY OF THE MEMBER'S SOCIAL SECURITY CARD