

PUBLIC SAFETY PERSONNEL
RETIREMENT SYSTEM

LOCAL BOARD

REGULAR MEETING
AGENDA

AUGUST 25, 2016
7:00 AM

EAGAR POLICE DEPARTMENT
MEETING ROOM
174 SOUTH MAIN STREET
EAGAR, AZ 85925

NOTICE OF THE REGULAR MEETING OF THE
EAGAR PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
LOCAL BOARD
AUGUST 25, 2016 – 7:00 A.M.
174 S. MAIN STREET
EAGAR POLICE DEPARTMENT MEETING ROOM, EAGAR, AZ

PURSUANT TO A.R.S. 38 431.02, NOTICE IS HEREBY GIVEN TO THE MEMBERS OF THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM LOCAL BOARD OF THE TOWN OF EAGAR AND THE GENERAL PUBLIC THAT THE PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM LOCAL BOARD WILL HOLD A REGULAR MEETING OPEN TO THE PUBLIC **ON AUGUST 25, 2016, BEGINNING AT 7:00 A.M., AT THE EAGAR POLICE DEPARTMENT MEETING ROOM LOCATED AT 174 S. MAIN STREET, EAGAR, ARIZONA.**

AGENDA

1. CALL TO ORDER

2. OPEN CALL TO PUBLIC

3. UNFINISHED BUSINESS

4. NEW BUSINESS

- A. DISCUSSION AND CONSIDERATION TO APPROVE THE MINUTES OF THE PSPRS LOCAL BOARD OF OCTOBER 7, 2015
- B. CONSIDERATION TO APPROVE THE APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN PSPRS EMPLOYERS FROM EAGAR POLICE DEPARTMENT TO SHOW LOW POLICE DEPARTMENT FOR JUSTIN BUTLER
- C. CONSIDERATION TO APPROVE THE APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN PSPRS EMPLOYERS FROM EAGAR POLICE DEPARTMENT TO APACHE COUNTY SHERIFF'S DEPARTMENT FOR BAUER BROWN
- D. CONSIDERATION TO ACCEPT RICARDO HERRERAS' NEW MEMBERSHIP INTO THE PSPRS THROUGH THE EAGAR POLICE DEPARTMENT EFFECTIVE JULY 9, 2016
- E. CONSIDERATION TO ACCEPT WALKER RICHARDSON'S NEW MEMBERSHIP INTO THE PSPRS THROUGH THE EAGAR POLICE DEPARTMENT EFFECTIVE AUGUST 6, 2016

5. SIGNING OF DOCUMENTS

6. ADJOURNMENT

IF ANYONE WISHING TO ATTEND THIS MEETING HAS SPECIAL NEEDS DUE TO A DISABILITY, PLEASE CONTACT THE TOWN CLERK AT 928-333-4128 TWENTY-FOUR HOURS PRIOR TO THE MEETING AND ACCOMMODATIONS WILL BE PROVIDED. ANYONE NEEDING INFORMATION ON THE CURRENT MEETING PLEASE CONTACT THE TOWN CLERK AT 928-333-4128

POSTED BY: EVA WILSON

DATE: AUGUST 18, 2016
TIME: 4:00 PM

MINUTES
PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
EAGAR LOCAL BOARD
Eagar Council Chambers, 22 W. 2nd Street, Eagar
OCTOBER 7, 2015 – 7:00 A.M.

PRESENT: Councilor Winslow McNeill, Elected Chairman
Michael Sweetser
William Gleeson
David Giddings
Dennis Gilliam
Patrick M. Hogan
Tami Ryall, Town Manager
Marion Wiltbank, Assistant Town Clerk

ABSENT: Eva Wilson, Board Secretary

ITEM #1: CALL TO ORDER

Chairman Winslow McNeill called the meeting to order at 7:30 a.m. Mr. McNeill stated to let the record show that all Local Board members are present.

ITEM #2: OPEN CALL TO THE PUBLIC

Pursuant to public notice of the meeting, there was a call to the public. No public wished to speak at this time.

ITEM #3: NEW BUSINESS

A. DISCUSSION AND CONSIDERATION TO APPROVE THE MINUTES OF THE PSPRS LOCAL BOARD OF OCTOBER 7, 2015

Michael Sweetser moved to approve minutes of the 7:00 a.m. meeting of the PSPRS Local Board of October 7, 2015. Dennis Gilliam seconded; all were in favor, motion carried unanimously. 5 - 0

4. SIGNING OF DOCUMENTS

The Minutes of October 7, 2015 were signed.

5. ADJOURNMENT

Michael Sweetser moved to adjourn the meeting [at 7:34 a.m.] Seconded by Dennis Gilliam; motion carried unanimously and the meeting adjourned. 5 - 0

Chairman Winslow McNeill

When Completed
Return to:

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

FORM P1A
08/15
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APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN PSPRS EMPLOYERS
(A.R.S. Section 38-853)

PLEASE PRINT

MEMBER'S NAME: JUSTIN BUTLER

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

CURRENT EMPLOYER: SHOW LOW POLICE DEPARTMENT SYS# 078

PREVIOUS EMPLOYER: EAHAR POLICE DEPARTMENT SYS# 089

TO BE COMPLETED BY CURRENT EMPLOYER:

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. NOTE: Please supply the following information:

Date of Membership: 01 / 11 / 2016 Position/Title: Police Officer

01 / 12 / 2016 (928) 532-4011 Amy Ryan
Date Telephone Number Signature of Local Board Secretary or Current Employer

SIGNEE TITLE: HR Clerk E-MAIL ADDRESS: Aryan@showlowaz.gov

TO BE COMPLETED BY PREVIOUS EMPLOYER:

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. NOTE: Please supply the following information:

Date of Membership: 07 / 29 / 2013 Position/Title: Police Officer

Date of Termination: 01 / 08 / 2016 Position/Title: Police Officer

Annual Base Salary: \$ 39,166.40

01 / 12 / 2016 (928) 333-4128 E. M. Wilson
Date Telephone Number Signature of Local Board Secretary or Previous Employer

SIGNEE TITLE: Local Board Sec. Town Clerk E-MAIL ADDRESS: E.Wilson@eaagaraz.gov

COPY

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
CORRECTIONS OFFICER RETIREMENT PLAN
ELECTED OFFICIALS' RETIREMENT PLAN

Form P1B
07/94

P.O. Box 17670

Phoenix, Arizona 85011-0670

TELEPHONE: (602) 255-5575

FAX: (602) 296-2368

29-Mar-16

JUSTIN BUTLER

Reference:

Transfer of Service For:
Justin Butler XXX-XX-
From: EAGAR POLICE
To: SHOW LOW POLICE DEPARTMENT

Dear Mr. Justin Butler

Pursuant to A.R.S. Sec. 38-853(A), your credited service and member contributions, having been held in your account with the system listed above has been transferred to your account with your new employer.

Member Contributions Transferred: **\$10,029.98**
Prior Service: From: 10-Dec-13 To: 8-Jan-16
Prior Service: Years 2.0820
Previous Service: Years 0
Total Prior Service: Years 2.0820

Please note that **Total Prior Service** includes periods of LWOP. If you have LWOP, your credited service will be less. If you have any questions concerning the above, please contact the Secretary of your Local Board, or this office.

Sincerely,

Cathy Gonzalez
Active Member Specialist

CC: Local Boards

COPY

When Completed
Return to:

PUBLIC SAFETY PERSONNEL RETIREMENT SYSTEM
3010 E. Camelback Rd., Suite 200, Phoenix, Arizona 85016
(602)255-5575 FAX (602)296-2368 www.psprs.com

FORM P1A
08/15
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APPLICATION TO TRANSFER SERVICE CREDITS BETWEEN PSPRS EMPLOYERS
(A.R.S. Section 38-853)

PLEASE PRINT

MEMBER'S NAME: Bauer Brown

SOCIAL SECURITY NUMBER [REDACTED] BIRTH DATE: [REDACTED]

CURRENT EMPLOYER: Apache County Sheriff's Department SYS# _____

PREVIOUS EMPLOYER: Eagar Police Department SYS# _____

TO BE COMPLETED BY CURRENT EMPLOYER:

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. **NOTE: Please supply the following information:**

Date of Membership: ____/____/____ Position/Title: _____

____/____/____ (____)____-____ Signature of Local Board Secretary or Current Employer

SIGNEE TITLE: _____ E-MAIL ADDRESS: _____

TO BE COMPLETED BY PREVIOUS EMPLOYER:

I hereby certify that to the best of my knowledge and belief the statements made below are full, true and correct, and reflect the data as contained in our records. **NOTE: Please supply the following information:**

Date of Membership: 12 / 06 / 2013 Position/Title: Police Officer

Date of Termination: 02 / 10 / 2016 Position/Title: Police Officer

Annual Base Salary: \$ 39,166.40

08 / 09 / 2016 (928) 333-4128 [Signature]
Date Telephone Number Signature of Local Board Secretary or Previous Employer

SIGNEE TITLE: Local Board Secretary E-MAIL ADDRESS: e.wilson@eagaraz.gov

COPY

MEMBERSHIP FORM

PLEASE PRINT INTERSYSTEM TRANSFER U2 TRANSFER

Ricardo Domingo Herrera M F Married (928) 333-4128
Name Sex Marital Status Home Phone Number

[REDACTED] [REDACTED] [REDACTED]
Social Security Number Birth Date Email Address

ADDRESS: [REDACTED] Eagar AZ 85925
(Street) (Apt No.) (City) (State) (Zip)

Stormy Palmer [REDACTED] 2
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)

7/14/16 [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

7/14/16 [Signature]
Date Signature of Employee

EMPLOYERACKNOWLEDGMENT

07/09/2016 Eagar Police Department
Membership Date (with current employer) Employer

Police Officer \$ 40,726.40
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.

08/09/2016 (928)333/4128 [Signature]
Date Telephone Number Authorized Signature of Employer

SIGNEE TITLE: Local Board Secretary E-MAIL ADDRESS: e.wilson@eagaraz.gov

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



MEMBERSHIP FORM

PLEASE PRINT

INTERSYSTEM TRANSFER

U2 TRANSFER

WALKER RICHARDSON Name
(M) Sex
DIVORCED Marital Status
[REDACTED] Home Phone Number
[REDACTED] Social Security Number
[REDACTED] Birth Date
[REDACTED] Email Address
ADDRESS: [REDACTED] (Street) [REDACTED] (Apt No.) EAGAR (City) AZ 85925 (State) (Zip)
[REDACTED] Name of Spouse 1 1 Birth Date 1 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)

8/13/16 Date
Walker Richardson 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.
8/13/16 Date
Walker Richardson Signature of Employee

EMPLOYERACKNOWLEDGMENT

08/10/2016 Membership Date (with current employer) Eagar Police Department Employer
Police Officer Position and Classification (Employee Must Work Full Time 40+ Hours Per Week To Be Eligible) \$ 36,566.40 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.

08-15-2016 Date (928) 333-4128 Telephone Number E. M. Wilson Authorized Signature of Employer

SIGNEE TITLE: Local Board Secretary E-MAIL ADDRESS: e.wilson@eagaraz.gov

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

