

**SUGARCREEK TOWNSHIP  
RESOLUTION NO. 2015.04.06.01**

IN RE: Reclassification of Fire Department Personnel – Joseph Mahaffey

WHEREAS, the continuing need exists to maintain proper staffing within the Sugarcreek Township Fire Department; and,

WHEREAS, this need is met through the periodic reclassification of Fire Department employees and volunteers; and,

WHEREAS, Chief Randall J. Pavlak requests the reclassification of Joseph Mahaffey from part-time Firefighter/Paramedic to full-time Firefighter/Paramedic, in accordance with the reorganization of the Table of Organization of the Sugarcreek Township Fire Department;

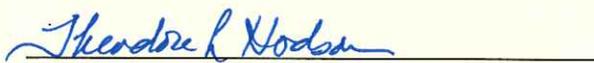
NOW THEREFORE, BE IT RESOLVED, that this Board of Trustees approves the reclassification of Joseph Mahaffey to the position of full-time Firefighter/Paramedic at the pay rate of \$15.93 per hour payable on a bi-weekly basis.

FURTHER BE IT RESOLVED, this reclassification shall have an effective date of April 13, 2015, and are subject to a one (1) year probationary period ending April 13, 2016.

  
\_\_\_\_\_  
Nadine S. Daugherty, Chairperson

  
\_\_\_\_\_  
Michael E. Pittman, Vice Chairperson

  
\_\_\_\_\_  
Scott W. Bryant, Trustee

  
\_\_\_\_\_  
Theodore L. Hodson, Fiscal Officer



**Randall J. Pavlak**  
**Fire Chief**

4/3/2015

To: Mr. Barry Tiffany  
Ref: Joe Mahaffey

Please place before the Board of Trustee's at the next regular meeting the appointment of firefighter/paramedic Joe Mahaffey to full time with an effective start date of 4/13/2015. FF Mahaffey has completed and passed all testing requirements for this position.

Sincerely,

Randall J. Pavlak  
Fire Chief



## Pay Grade Status Recommendation

Employee Name: Joe Mahaffey

Department: Fire

Classification: Part Time FF/Paramedic

Hire Date: 4/15/2015

Current Pay Grade: F

Current Pay Rate: \$12.05

Brief statement on employee performance:

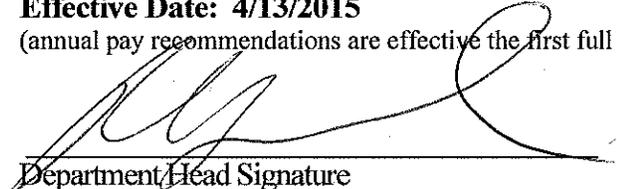
Appointment from part time to full time.

**Recommended Pay Grade: A**

**Recommended Pay Rate: \$15.93**

**Effective Date: 4/13/2015**

(annual pay recommendations are effective the first full pay cycle in April)

  
Department Head Signature

4-1-15  
Date

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concur with recommendation

Do not concur with recommendation

\_\_\_\_\_  
Township Administrator Signature

\_\_\_\_\_  
Date

**Pay Grade Approved by Trustees: \_\_\_\_\_**

**Resolution Number: \_\_\_\_\_**