Sample Resolution – Part-Time Firefighter

WHEREAS, the policy of the State of Minnesota as declared in Minnesota Statutes 353.63 is to give special consideration to employees who perform hazardous work and devote their time and skills to protecting the property and personal safety of others; and

WHEREAS, Minnesota Statutes Section 353.64 permits the governing body of a governmental subdivision to declare coverage in the Public Employees Police and Fire plan for a non-full-time firefighter who is employed in a fire department, is required by the employing governmental subdivision to be and is licensed by the Board of Firefighter Training and Education under section 299N.05, and who is engaged in or exposed to hazardous conditions resulting from firefighting or fire prevention, suppression, or investigation and is assigned less than 50 percent of the time to perform employment duties in the same department that are not within the scope of fire service in Minnesota Statutes Section 353.64, Subdivision 1.

THEREFORE, BE IT RESOLVED that the (name of governing body) , of (name of governmental subdivision)\_\_\_ hereby declares that the position of (job title) , currently held by (name of employee) satisfies the requirements of Minnesota Statutes Section 353.64, Subdivision 1

BE IT FURTHER RESOLVED that this governing body declares that the named employee should be enrolled as a member of the Public Employees Police and Fire Plan effective the date of this employee’s initial Police and Fire Plan salary deduction by the governmental subdivision.

STATE OF MINNESOTA COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_

I, (name of clerk) , clerk of (name of governmental subdivision , do hereby certify that this is a true and correct transcript of the resolution that was adopted at a meeting held on the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_; the original of which is on file in this office. I further certify that \_\_ members voted in favor of this resolution and that \_\_ members were present and voting.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_