

FAIRFIELD TOWNSHIP
RESOLUTION NO. 20-138

**RESOLUTION APPROVING FIREFIGHTER/EMT-B GARRETT FULLER FOR THE
PARAMEDIC TUITION PROGRAM AND AUTHORIZING TUITION PAYMENT TO
CINCINNATI FIRE DEPARTMENT PARAMEDIC PROGRAM AT A TOTAL COST OF
\$9,000.00.**

WHEREAS: The Township has expressed a desire to assist in the education of members of the Fire Department wishing to become Paramedics; and

WHEREAS: Upon successful completion of the program Garrett Fuller will commit 5 years' service to the Fairfield Township Fire Department; and

WHEREAS: Garrett Fuller has expressed an interest in attending Paramedic training and meets the requirements of the Tuition Program; and

WHEREAS: The Fire Chief has recommended awarding the tuition; and

WHEREAS: Firefighter Fuller has agreed to all contract requirements to receive the tuition; and

WHEREAS: The program was created and approved by Resolution #16-26;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby authorizes payment for Paramedic tuition to Firefighter/EMT-B Garrett Fuller, at a total cost of \$9,000.00, attached hereto as Exhibit "A", and will be paid out of Fund No. 2281 pursuant to the terms and conditions set forth in Exhibit "A" and Resolution No. 16-26.

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

SECTION 3 This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: September 9, 2020

Board of Trustees

Shannon Hartkemeyer: Shannon Hartkemeyer

Joe McAbee: Joe McAbee

Susan Berding: Susan Berding

Vote of Trustees

Yes
Yes
Yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township
Fiscal Officer this 9th day of September, 2020.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

Lawrence E. Barbieri, Township Law Director

Fairfield Township Fire Department

Paramedic Tuition Program Agreement

Purpose:

To encourage and assist employees in furthering their education in an effort to enhance current skills applicable to their current position and further enhance the ability of the employee to provide improved levels of service to the community. This program will be used in an effort to recruit and retain high quality levels of employees.

Policy:

The Fairfield Township Fire Department may fund employees' education costs for coursework and specialized training from an accredited academic institution and approved in advance. The approval for funding will be dependent upon the employee's current position and seniority as well as available funding. Approval must be obtained prior to commencement of each course. Tuition program may be limited due to budgetary concerns or limits. Approval of any funding, education, or course work will be at the sole discretion of the Fire Chief.

Eligibility:

To apply for this program an employee must have at least one year of service with the Fairfield Township Fire to be considered eligible for the program.

Eligible employees may attend only an approved program.

Employees requesting educational assistance must obtain recommendation from their immediate supervisor apply for this program

The following factors will generally be considered in evaluating request for educational assistance.

The benefits to be derived by the employee and the Township Fire Department.

The employee's level of responsibility and length of service.

The estimated cost of which shall not exceed the published course fees.

The course must be held by an Ohio accredited school.

Course attendance and/or study and preparation that occur outside of the employees' scheduled work hours will not be compensated and will be the responsibility of the employee. It is expected that educational activities will not interfere with the employees' work, and unsatisfactory job performance during enrollment may result in forfeiture of educational assistance as well as disciplinary action.

1. Employees will be required to reimburse Township if they fail to complete the 5 year service requirement in this agreement. Reimbursement formula shall be as follows. Total funds paid for training will be credited at 1/60th per month of the five year term. (Tuition \$5,000 divided by 60 months or \$83.33 per month as an example) At the end of 5 years of additional employment the contract will be considered fulfilled and no further financial liability shall exist.
2. Employees who receive funding for educational expenses must agree in writing to repay the amount on a prorated basis if they leave the Fairfield Township Fire Department voluntarily within five years from the date of reimbursement.
3. Employees receiving any other funding, reimbursement, or other funding such as a grant or other scholarship from any outside source, shall notify the department upon receipt and such funds shall reduce the amount the Township Fire Department shall pay for the tuition cost.
4. An employee shall only be permitted to participate in the tuition program once. The department reserves the right to accept mitigating circumstances and authorize a member to attend an additional time. This would be due to military deployment, medical condition(s) preventing attendance, or a similar significant issue.

Procedure:

Prior to taking the course, the employee must complete an application for tuition program form. The application shall be forwarded to the employee's immediate supervisor and department head for approval. The employee shall not be eligible for any reimbursement if application was not approved in advance.

Applications may be submitted at any time during the fiscal year, but may not be approved based on the number of students participating and/or current funding availability.

1. The employee shall be notified in a timely manner whether or not their application request is approved.
2. Where the program is billed in segments other than the initial section fees, the students shall have completed the previous segment with a **passing grade** before payment for the next segment will be authorized.

Employees seeking payment for educational expenses must submit a claim form to the fiscal office with the following attachments:

1. A copy of the School Invoice.
2. A certified transcript of their grades.

Justification:

The tuition program has been established to encourage employees to pursue Paramedic Certification, which is job related and directly benefits Fairfield Township. Please attach a course syllabus or description and invoice for tuition provided by the institution.

Employees seeking reimbursement for educational expenses must agree in writing to reimburse the township on a prorated basis if they leave employment voluntarily within five years from the date of reimbursement. By signing below, the employee agrees to comply with all provisions of the township policy, including the repayment provision.

1. Whereas, Fairfield Township Fire Department periodically provides its members with the opportunity for specialized education other than budgeted training; and

2. Whereas, the Fairfield Township Fire Department provides the training or education under the conditions set forth in this agreement; and

3. Now, therefore, in consideration of the agreements herein made, the parties mutually agree as follows:

4. Amount and purpose. The recipient will receive payment of the first segment of the program and subsequent reimbursement not to exceed the approved amount.

5. Other terms. The following terms also apply to this agreement.

A. An advanced allocation will only be provided for the first course segment the remaining shall require successful completion of the previous course segment.

B. Documentation that meets the requirements of the Fairfield Township Fire Department and Fiscal Office will be required for or payment of any funds to an entity.

C. No funds will be awarded for any costs that have been paid for by other available means (i.e. educational benefits from the GI bill Scholarships or other sources). Fairfield Township Fire Department funding may only be used for any approved costs not covered by another source. The recipient must disclose any other educational funding benefit to which the recipient is entitled to or awarded.

6. Repayment. The recipient specifically agrees that if, the recipient leaves paid employment with the Fairfield Township Fire Department within five (5) years of the commencement of the education or training, the recipient is liable to the Fairfield Township Fire Department for repayment of the amount reimbursed or allocated in advance for training or education on a prorated basis for amount of time remaining on the five year commitment. The recipient also agrees that this condition is reasonable and necessary in order for Fairfield Township Fire Department to obtain the benefit of providing the training or education to the recipient. The recipient further agrees that, upon providing notice to the Fairfield Township Fire Department of the cessation of employment with the Fire Department the recipient will immediately arrange for a voluntary repayment schedule with the Department. The recipient agrees that a failure to arrange for and complete a voluntary repayment schedule will subject the recipient to

all available remedies for collection of the debt owing to the Fairfield Township Fire Department, including costs and attorney fees incurred in the collection of the debt. In the case of an extreme emergency (such as a relocation of residence due to a family crisis) the recipient may apply to the chief for a waiver of repayment.

7. Construction of this contract. This contract should be constructed and interpreted according to the laws of the State of Ohio.

8. Modification of contract. This contract constitutes the entire contract between the parties and may only be modified by a written amendment signed by the parties.

9. In witness whereof, the parties hereto have caused this contract to be signed and intended to be legally bound thereby.



Applicant

8-11-2020

Date

Fire Chief

Date

Garrett Fuller

5542 Fletching Circle, Fairfield Township, OH 45011 – 5134307880 – garrettfuller0@gmail.com

August 12, 2020

Chief Thomas
Fairfield Township Fire Department
6048 Morris Road
Fairfield Township, OH 45011

Dear Chief Thomas,

I am writing to you to express my interest in applying for the Paramedic Tuition Program. I believe it is time for me to further myself in my career with this opportunity. I am planning on attending the City of Cincinnati paramedic class in October with help from this tuition program. I can then become more valuable to the township and the fire department with this paramedic certification. To be accepted into this tuition program would be a tremendous help to me financially. I have no plans to leave this department in the future and I hope that this process not only gives me the chance to further myself in this career, but also give this department another paramedic at its disposal.

Garrett Fuller

A handwritten signature in black ink, appearing to read 'Garrett Fuller', written in a cursive style.



Fairfield Township Fire Department

6048 Morris Road

Hamilton, Ohio 54011

Phone 513-887-4402 – FAX 513-887-2705

www.FairfieldTwp.org/Fire

To: Chief Thomas
From: Lt. Shane Owens
Subject: Letter of recognition
Date: August 18th, 2020

This letter is a recommendation for Garrett Fuller to be considered as a candidate to be selected to attend paramedic course funded by tuition issued through our department.

Garrett is a very reliable, responsible, motivated and mature employee that shows up for work prepared and ready to complete daily job responsibilities and tasks. I feel that Garrett would apply himself and perform well if selected to attend course listed above. If you have any further questions pertaining to this subject, feel free to contact me.

Thank You

A handwritten signature in black ink, appearing to read "S. Owens", written over the "Thank You" text.

Lt. Shane Owens Lt. 212



Cincinnati Fire Department Paramedic Program

Application Instructions

External Candidates

Thank you for taking interest in the Cincinnati Fire Department's Paramedic Program. If you are accepted into the program, you should be prepared for an exciting and challenging year. Our instructors and staff are fully committed to providing the best education and preparing you for a rewarding career. The application process is not difficult; however, it is imperative you read and follow all instructions during the process.

Step #1

Ensure you meet the basic requirements for entry into the program

- Current Ohio EMT-B
- Valid Driver's license
- Current CPR certification (AHA or ASHI)
- NIMS 100 & 700
- Ability to pay/finance the program (\$9,000.00)
- Ability to attend all class sessions
- Initial deposit of \$1,000.00 (*due by the 1st day of class*)
- BCI/FBI Background check (*obtained after July 1st 2020*)
- Immunization record

Step #2

Have a conversation with your current Fire Chief and request a letter of recommendation for acceptance into the program. The letter must be on department letterhead and have an original signature from the Fire Chief. Photocopied letters will not be accepted. All applicants must submit a letter of recommendation with their application.

Step #3

Read and understand the admission policy that was sent with your application; for any questions about the number of students in class and the process for determining the most qualified candidates is included in the admissions policy. You will also need to review the class





schedule and make sure you are able to attend all sessions.

Step #4

Return the application to the Program Director with the following documents:

- Completed and signed application
- Letter of recommendation
- Copy of your Ohio EMT certification
- Copy of CPR certification
- Copies of completed NIMS 100 & 700
- Entrance exam fee of \$5.00 (**exam fee is non-refundable**)

Make the check or money order payable to "UCPC".

Step #5

You will receive test scheduling information once the dates and times have been determined.

DO NOT call to schedule a date until the dates are provided to all students.

You will need to bring a tablet or a laptop with you; there is no paper test!

Step #6

The Program Director will call or email your test results and acceptance status.

Step #7

If you are admitted to the program, there will be additional instructions to follow prior to the beginning of class. A specific set of documents and shot records will be required no later than the first day of class. The program will begin on **October 19, 2020** and the last day of class will end on **August 28, 2021**.

If you have any questions, please contact me.

Sincerely,





Jeffrey J. Hill, BS, EMSI

Program Director – Cincinnati Fire Department EMS Program

Office: 513.357.7505 - Office

medical.review2@cincinnati-oh.gov

Paramedic Program Application

APPLICANT:

Name: Garrett Fuller

Address: 5542 Fletching Circle

Fairfield Township, OH, 45011

Ohio Certification Number: 171811

CPR expiration: 10/31/2021

Email: garrettfuller@gmail.com

Cell/Home Phone: 513-430-7880

Unit day 1 (1st choice) 3 (2nd choice)

FIRE DEPARTMENT INFORMATION:

Current Fire Department: Fairfield Township Fire Department

Address: 6048 Morris Rd

Fairfield Township, OH, 45011

Phone Number: 513-887-4402

Fire Chief: Timothy Thomas

Email: thomas@fairfieldtwp.org

Number of Years Employed: 2

*** My signature below indicates the following ***

- I am currently certified as an EMT-B in the State of Ohio
- I have a current Driver's License
- I am solely responsible for tuition costs associated with the program (\$9,000.00)
- I have read and understand the admissions information supplied with this application
- I have attached a letter of recommendation from my current Fire Chief
- I will have a complete background check BCI/FBI (obtained after July 1st, 2020)





- I will have my initial deposit of \$1,000.00 (*due by the 1st day of class*)
- I will have my current Immunization record (*due by the 1st day of class*)

Applicant Signature:  **Date:** 8/12/2020

Return all required documents and a Letter of Recommendation from your current Fire Chief to:

Jeffrey J. Hill
Cincinnati Fire Department
805 Central Avenue
Building 2, 4th Floor
Cincinnati OH, 45202

INSTRUCTIONS FOR COMPLETING APPLICATION

APPLICANT

NAME: Use your "given" name (no nicknames on the application.)

ADDRESS: Use your current mailing address, including City, State and Zip code.

EMAIL: Use your primary email address; this is where you will receive important information on the class and any update.

CELL/HOME PHONE: Provide the phone number that is best to contact you and circle whether it is a cellular or home (landline) phone.

OHIO CERTIFICATION NUMBER: Provide your current Ohio certification number, applicants with out of State certifications must apply for an Ohio certification by submitting an Ohio Reciprocity Application to Ohio Department of Public Safety (ODPS); a blank form with instructions are attached. Please contact me with any questions or assistance.

UNIT DAY: Provide which unit day you would like to attend class; please provide two





(2) choices listing your preferred choice as the "1st choice" and an alternate choice as the "2nd choice". We will do everything in our power to assign you to your preferred unit day and will not assign you to your alternate until you have been contacted to discuss it.

CPR EXPIRATION: Provide your current CPR expiration date. Your CPR certification must be current prior to and during the duration of the class. There is not a CPR certification/recertification built in to the program so this must be maintained and accomplished outside of class

FIRE DEPARTMENT INFORMATION

CURRENT FIRE DEPARTMENT: List the same Fire Department that you obtained your Chief's Recommendation Letter.

ADDRESS: The address of the Fire Department you listed, including City, State and Zip Code.

PHONE NUMBER: Provide the best contact number to reach the Fire Chief.

FIRE CHIEF: Provide your name of the Fire Chief of the Fire Department listed.

EMAIL: Provide the Fire Chiefs primary email address.

NUMBER OF YEARS EMPLOYED: Provide how long you have been employed for the Fire Department listed.





Chief Timothy J. Thomas Sr., OFE

6048 Morris Road

Hamilton, Ohio 54011

Phone 513-887-4402 – FAX 513-887-2705

September 25, 2020

Cincinnati Fire Department
Paramedic Program

Letter of Recommendation
Garrett Fuller

To whom it may concern:

Garrett currently serves as a Part-time Firefighter EMT with the Fairfield Township Fire Department. He is seeking to advance his training in the EMS field by attending a Paramedic Training Program.

Garrett has exhibited his desire for this career. He has continued to attend training programs to improve his knowledge and experience.

I believe he would be a hardworking student and should be given the opportunity to attend your program.

Professionally,

Timothy J. Thomas Sr

Timothy J. Thomas Sr., OFE
Fire Chief
Fairfield Township Fire Department

PARAMEDIC TUITION PROGRAM

APPLICANT INFORMATION

Name: *Garrett Fuller*

Date of birth: *12-03-1997*

Current address: *5542 Fletcher Cir.*

City: *Fairfield Township*

Date of Hire Fairfield Twp Fire:

Home Phone: *513 430 7880*

Cell Phone: *513-430-7880*

State: *Ohio*

ZIP Code: *45011*

EMPLOYMENT INFORMATION

Current Full Time employer:

Employer address:

Phone:

City:

Position:

E-mail:

State:

How long?

Fax:

ZIP Code:

Annual income:

EMERGENCY CONTACT

Name: *Carol Fuller*

Address: *5542 Fletcher Circle*

City: *Fairfield Township*

Relationship: *Mother*

State: *Ohio*

Phone: *513-520-6207*

ZIP Code: *45011*

REFERENCES

Name

Address

Phone

Charles Dadd

6658 Forest Hill Ln

513-403-7602

Brian Sunderhaus

6099 Springdale Rd

513-545-5217

Gregory Fuller

5542 Fletcher Cir

513-314-0640

SIGNATURE

I authorize the verification of the information provided on this form as to my credit and employment.

Signature of applicant:



Date: *8-11-2020*

Please attach the following documents :

A single page explanation of financial need and reasons applicant should be accepted for the tuition program.

The program syllabus for the Paramedic Training Program the applicant will be attending if approved.

Information of the cost and application deadline for the program you wish to attend.

A letter of recommendation from an immediate supervisor.

Office Use Only