

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

10.02.14
RESIDENT PAY



Adopted: 12/20/16
Reviewed: 12/15/23
Revised: 12/15/23
Approved: Lonnie J. Rash

Purpose: To outline compensation for the District's Resident Volunteer Firefighters.

References: Resident Volunteer Firefighter Agreement

Procedure:

1. Resident Pay.
 - a) The District will compensate Resident Volunteer Firefighters for approved training, activity, alarm responses, or the performance of any other approved activity that the District may require under the direction of the Fire Chief.
 - b) Resident Volunteer compensation will be in accordance with the current Volunteer Points Classification rate.
 - c) Each activity is reimbursed as one point regardless of the number of hours of participation.
2. Resident Volunteer Firefighters shall record all activity, training, and responses on a Resident Volunteer Points Reimbursement Form. Forms must be legible and include:
 - a) Full name.
 - b) ID number.
 - c) Month & year.
 - d) Date of activity.
 - e) Hours.
 - f) Incident Number if applicable.
 - g) A brief description of the activity, incident, or training.
 - h) Resident Volunteer Signature.
 - i) Date signed.
3. Completed Resident Volunteer Reimbursement Forms shall be scanned and sent electronically semi-monthly to admin@scfd8.org on the 16th and the first day of the following month.
 - a) Original Forms are to be delivered to payroll administration in person or forwarded through interoffice mail.
 - b) Failure to submit Forms to payroll administration in a timely manner may result in discipline and a delay in pay.
4. Initial training for employment and certification requirements will not be compensated.

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5. Fire and EMS training provided by the District will be compensated at the appropriate Volunteer Points Classification.
6. The District will compensate the Resident Volunteer an additional monthly stipend of \$200.00 as non-accountable compensation for food and incidental expenses.
 - a) Compensation is to be disbursed semi-monthly through payroll processing.

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SPOKANE COUNTY FIRE DISTRICT 8 RESIDENT VOLUNTEER POINTS REIMBURSEMENT FORM

Complete for each training and activity that you participate in

Name: _____ ID: _____ Month/Yr: _____

Date	Hours	Incident #	Description/Comments

I hereby attest that the above documentation is a true and correct reflection of all activities that I have participated in for the date/s recorded:

Resident Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Total Number of Activities: _____