

BOARD OF SUPERVISORS AGENDA ITEM REPORT

Requested Board Meeting Date: 02/04/2020

Title: Public Safety Retirement System Local Board reappointment of citizen member Mr.Leo Duffner

Introduction/Background:

The Public Safety Retirement System Local Board is established and defined by Arizona Revised Statute 38-847. Mr. Leo Duffner has served 20 years and his term expired 12/31/19. The local board wishes to reappoint Mr. Duffner as a citizen member for an additional 4-year term.

Discussion:

As defined by ARS statute 38-847, The Public Safety Retirement Board is responsible for the administration of the system and for making the provisions of the system effective for each employer, Pima County, through the creation of a local board. The local board consists of the following members:

For political subdivisions or Indian tribes, the mayor or chief elected official or a designee of the mayor or chief elected official approved by the respective governing body as chairman, two members elected by secret ballot by members employed by the appropriate employer and two citizens, one of whom shall be the head of the merit system, or the head's designee from among the other members of the merit system, if it exists for the group of members, appointed by the mayor or chief elected official and with the approval of the governing body of the employer. The appointed two citizens shall serve on both local boards in a city or Indian tribes where both fire and police department employees are members.

Conclusion:

Public Safety Retirement System citizen member Mr. Leo Duffner has served 20 years on the Board and the local board has requested that he continue to serve an additional 4 year term.

Recommendation:

The Public Safety Personnel Retirement System local board recommends that Mr. Leo Duffner be reappointed to the board for an additional 4-year term.

Fiscal Impact: None Board of Supervisor District:													
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							Department: Sheriff				Telephone: 351-6419		
Department Director Signature/Date: Julia Guto 1/15/2020													
Deputy County Administrator Signature/Date:													
County Administrator Signature/Date:													