

# SPOKANE COUNTY FIRE DISTRICT 8

## Standard Operating Procedures

### 10.02.15 METHOD OF PAY



Adopted: 12/20/16  
Reviewed: 03/21/18  
Revised: 00/00/00

Approved:

A handwritten signature in black ink, appearing to read 'Tony Fisher', is written over a horizontal line.

**Purpose:** To outline the method of compensation for all District paid and volunteer members.

**References:** N/A

**Procedure:**

1. All District fulltime, part-time, and resident volunteer employees will be compensated on a semi-monthly basis.
2. Pay is issued on the fifteenth and the last day of the month.
  - a) If the fifteenth or the last day of the month falls on a Saturday or Sunday, pay will be issued the prior Friday.
  - b) If the fifteenth or the last day of the month falls on a District recognized holiday, pay will be issued the business day prior to the holiday.
3. Electronic Funds transfer (Direct Deposit) is the required method of pay to all paid and volunteer members.
  - a) Effective January 1, 2010, all newly hired or rehired members shall enroll in direct deposit within 30 days of hire or rehire.
4. Volunteer members will be compensated on an annual basis per the current Volunteer Points Classification schedule.
5. Volunteer on Duty members will be compensated on a monthly basis.

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### SPOKANE COUNTY FIRE PROTECTION DISTRICT NO. 8

#### AUTHORIZATION AGREEMENT FOR DIRECT PAYROLL DEPOSIT

COMPANY SPOKANE COUNTY FIRE DISTRICT NO. 8	COMPANY ID NUMBER 91-1127763	TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
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I hereby authorize the above named company, hereinafter called COMPANY, to initiate credit entries and, if necessary, debit entries and adjustments for credit entries made in error to my account identified below and the depository named below, hereinafter called DEPOSITORY, to credit and /or debit the same to said account.

DEPOSITORY NAME	BRANCH	TRANSIT/ROUTING NO.
CITY, STATE, ZIP		ACCOUNT NO.

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

ID NUMBER	DATE SIGNED
CUSTOMER NAME (Please Print or Type)	
Customer signature	
X	

***Please attach a voided check (if checking account),  
or a deposit slip (if savings account)  
with this authorization.***