

Resolution 2024-076

Resolution Approving the Acceptance of Salary Reimbursement from the Ohio Bureau of Workers Compensation

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Thursday, May 16, 2024. The Trustee marked below made a motion for the adoption of the following Resolution:

Leezer **Fleshman** **Blevins**

BE IT RESOLVED that the Board of Trustees of Franklin Township, Franklin County, Ohio that the Board approves and authorizes the acceptance of \$3,755.71 from the Ohio BWC regarding salary reimbursement to the township for wages paid to an injured employee.(see exhibit A)

BE IT FURTHER RESOLVED, the reimbursement amount is calculated at 72% of the injured employees regular bi-weekly salary or wages.

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be in full force and effect immediately upon its adoption.

The following trustee marked below seconded the motion:

Leezer **Fleshman** **Blevins**

Roll was called for the adoption of the Resolution, and the vote was as follows:

Leezer: YES/ NO **Fleshman:** YES/ NO **Blevins:** YES/ NO



Trustee James Leezer

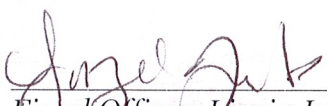


Trustee John Fleshman



Trustee Mike Blevins

*Adopted on May 16, 2024
Attested to on this 16th day of May 2024*



Fiscal Officer, Linzie Justus



Bureau of Workers' Compensation

P.O. Box 15429
Columbus, Ohio 43215-0429

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jon Husted, Lt. Governor John Logue, Administrator/CEO

PAGE: 2

ERIC T PIERCE
FRANKLIN TOWNSHIP
2193 FRANK RD
COLUMBUS, OH 43223-3743

Date: 04/24/2024
Remit No: 27982600082
Warrant: 7015925
Claim No: 24-107359

Claim Number : 24-107359

Type of Payment	Weekly Rate	Weeks Days	Payment From Date	Payment To Date	Amount
TEMPORARY TOTAL	\$1,195.00	3/1	03/23/2024	04/13/2024	\$3,755.71

Paid Amount \$3,755.71

If this payment is to compensate you for a current or past period of permanent total disability, temporary total disability, living maintenance or wage loss not working benefits, you are not entitled to it if you are working and/or you have worked during the period for which benefits were issued.



Bureau of Workers' Compensation

P.O. Box 15429
Columbus, Ohio 43215-0429

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jon Husted, Lt. Governor John Logue, Administrator/CEO

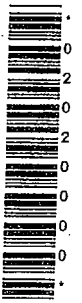
PAGE: 1

ERIC T PIERCE
FRANKLIN TOWNSHIP
2193 FRANK RD
COLUMBUS, OH 43223-3743

Date: 04/24/2024
Remit No: 27982600082
Warrant: 7015925
Claim No: 24-107359

If you have specific questions regarding this payment, contact your assigned claims representative, or call 1-800-644-6292 and press 0. You may also sign in to www.bwc.ohio.gov for fast, easy and convenient access to claims information.

Finally, if you have returned to work, contact your assigned claims representative and provide the date your working status changed.



PLEASE TEAR AT PERFORATION BEFORE CASHING CHECK.

THIS IS OHIO WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING OHIO WATERMARK - HOLD TO LIGHT TO VERIFY OHIO WATERMARK

The Ohio Bureau of Workers' Compensation
P.O. Box 15429
30 W. Spring St.
Columbus, OH 43215

WARRANT: 7015925 DATE: 04/24/2024

VOID AFTER 07/23/2024 \$*****3,755.71*

Three Thousand Seven Hundred Fifty Five Dollars And 71/100 *****

PAY TO THE ORDER OF

24-107359 800240470159252421

ERIC T PIERCE
FRANKLIN TOWNSHIP
2193 FRANK RD
COLUMBUS, OH 43223-3743

John Logue
John Logue

Administrator/CEO

SEE REVERSE SIDE FOR PAYMENT

7015925

Remit #:27982600082 Wrnt #:7015925 Issue Date:04-24-2024

Signature and Imposition

By signing this warrant, I affirm that the information submitted in support of this warrant is true and correct to the best of my knowledge and belief, and that I am not aware of any facts or circumstances which would render the information submitted in support of this warrant false or misleading. I understand that the information submitted in support of this warrant is subject to the provisions of the laws of the State of New York, and that I am subject to the provisions of the laws of the State of New York.