

REQUEST FOR SICK TIME ACREAL CASHOUT

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CITY OF RIALTO
HUMAN RESOURCES

TO

RIALTO CITY COUNCIL

Mayor Joe Baca

Councilman Edward Montoya Jr.

Mayor Pro Tem Ed Scott

Councilwoman Karla Perez

Councilman Andy Carrizales

CITY OF RIALTO

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25 February 2026

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To: Mayor Joe Baca & Rialto City Council Members

From: Karl F. Kolodzik, Retired Fire Captain

Subject: Sick Time Cashout

Honorable Mayor Joe Baca & City Council members:

My name is Karl Kolodzik. I hired as a Rialto City Firefighter on 7 August 1972. I was promoted to Fire Engineer on 16 January 1976 and Fire Captain on 3 March 1986. I was employed with the City of Rialto for 27 ½ years. During the 27 ½ years as a member of the Rialto Fire Department I held the position of the Rialto Firefighter Union Vice President and Union President for 24 of my 27 ½ years.

I was terminated by Fire Chief David Lugo for a delayed response to an auto/pedestrian incident. The only other discipline I received was one day off for stopping by our Local 3688 union hall located at Riverside Avenue and Third Street for 5 to explain the voting procedures for an upcoming contract with the city.

During my tenure as a member of the Rialto Fire Department I was voted by the City of Rialto City council twice as firefighter of the year. As union President of the Rialto Firefighters Union, I assisted the city council members whenever they requested assistance whether it be donations to their political funds, walking precincts, making phone calls during the council members campaign, or throwing pancake breakfast fundraisers for individual candidates.

Chief Lugo with input from Deputy Chief Steve Wells terminated me after 27 ½ years without allowing me the ability to retire. Chief Lugo would not return my calls and subsequently I turned in paperwork to the Public Employees Retirement System (PERS) on 21 January 2000 and officially retired from the Rialto Fire Department as of 1 January 2000 prior to going through the Skelly Hearing Process.

During my time as a Rialto City firefighter, I went 26 of my 27 ½ years without taking a sick day off, a record that has never been duplicated.

Due to the actions taken by the Rialto Fire Department Management, and especially with input from Deputy Chief Steve Wells, I was terminated from my position as Fire Captain. Within 14 months of my dismissal, 15 of our best Rialto firefighters, fire engineers, and fire captains resigned and found jobs with (OCFA) Orange County Fire Authority, Riverside City, Los Angeles County, Redlands City and Ontario City Fire Departments. All the individuals

were promoted quickly and one person, Tony Perna, is now the Deputy Chief at the Riverside City Fire Department. A list of those individuals that resigned after my termination will be listed in the appendix of this letter. See appendix for list of tenured employees that resigned and hired with other fire agencies.

In November 2022 during the COVID 19 epidemic, Chief Brian Park terminated the engine company crew on engine 201 for not entering the health care facility at 1471 South Riverside Drive in Rialto. Upon termination, all three firefighters, Josh Gilliam, Fire Captain Mark Brady, Fire Engineer, and Matt Payne, Firefighter, received all benefits owed to them including the sick time accrual upon termination.

I currently have been diagnosed with congested heart failure (CHF). I also have suffered 3rd degree burns to my right leg, and smoke inhalation causing me to have 2 operations to repair the damage and documented hearing loss due to my tenure as a Rialto City firefighter. All these injuries and now (CHF) are associated with my 27 ½ years serving the citizens of Rialto.

Attached is the City of Rialto pay sheet with my sick time accrual, see attachments for this request.

Everyone in the City of Rialto including the Mayor and City Council members, all Cities throughout the Inland Empire, and private industry alike have received training on “DO The Right Thing”

I am hoping the Honorable Mayor and City Council will approve this request and “DO THE RIGHT THING”.

Karl F. Kolodzik

Retired Fire Captain

Rialto City Fire Department.

APPENDIX

1. City of Rialto Liability Claim for Damages
2. City of Rialto Final Compensation Sheet; Sick Time Accrual
3. PERS Application for Retirement
4. List of Firefighters That Resigned After My Termination

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**CITY OF RIALTO
LIABILITY
CLAIM FOR DAMAGES
TO PERSON OR PROPERTY**

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1. Claims for death, injury to person, or to personal property must be filed not later than six (6) months after the occurrence (Gov. Code §911.2).
2. Claims for damages to real property must be filed not later than one (1) year after the occurrence (Gov. Code §911.2).
3. READ ENTIRE CLAIM FOR BEFORE FILING
4. ATTACH SEPARATE SHEETS, IF NECESSARY, TO GIVE FULL DETAILS

RETURN TO:
Rialto City Clerk's Office
Mail: 150 S. Palm Ave., Rialto, CA 92376
Address: 290 W. Rialto Ave., Rialto, CA 92376

CLAIMANT INFORMATION:

KARL FREDERICK KOLODZIK
FULL NAME

DATE OF BIRTH _____

HOME ADDRESS INCLUDING CITY, STATE & ZIP _____ HOME TELEPHONE NO. _____

BUSINESS ADDRESS INCLUDING CITY, STATE & ZIP _____ BUSINESS TELEPHONE NO. _____

ADDRESS AT WHICH CLAIMANT DESIRES TO RECEIVE NOTICES OR COMMUNICATIONS REGARDING THIS CLAIM (if different from home address provided above): SAME AS ABOVE

1. WHEN DID DAMAGE OR INJURY OCCUR? DATE: _____ TIME: _____ AM PM

2. PLACE OF ACCIDENT (OCCURRENCE) BE SPECIFIC – Describe fully and (if applicable) locate on diagram on reverse side of this sheet. Where appropriate, give street names and addresses, measurements and landmarks.

3. HOW DID DAMAGE OR INJURY OCCUR?

4. WERE POLICE AT THE SCENE? YES NO WERE PARAMEDICS AT THE SCENE? YES NO

5. WHAT PARTICULAR ACT OR OMISSION DO YOU CLAIM CAUSED THE INJURY OR DAMAGES? Give the name of the city/town employee causing the injury or damage, if known.

TO CORRECT SHORTAGE IN FINAL COMPENSATION

6. GIVE TOTAL AMOUNT OF CLAIM Include estimate of amount of any prospective injury or damage \$ 73,020⁰⁰

HOW WAS THE ABOVE AMOUNT COMPUTED? Be specific, list doctor bills, repair estimates, etc. Please attach 2 estimates.

DAMAGES INCURRED TO DATE:

Item/Date: SEE FINAL COMPENSATION SLIP Amount: \$ 73,020⁰⁰

Item/Date: _____ Amount: \$ _____

TOTAL AMOUNT CLAIMED AS OF PRESENTATION OF THIS CLAIM:

\$ 73,020¹⁰⁰

ESTIMATED PROSPECTIVE DAMAGES, AS FAR AS KNOWN:

Item/Date: N/A

Amount: \$ _____

Item/Date: N/A

Amount: \$ _____

TOTAL ESTIMATED AMOUNT PROSPECTIVE DAMAGES:

\$ _____

7. WITNESSES TO DAMAGE OR INJURY List all persons known to have information (attach additional pages, if necessary)

NAME: CHIEF BRIAN PARK

NAME: GEOFF BARKETT

ADDRESS: 131 S. WILLOW AVE
RIALTO, CA 92376

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

8. IF INJURED, PROVIDE NAME, CONTACT INFORMATION AND DATE/TIME DOCTOR(S) OR HOSPITAL(S) VISITED:

NAME: N/A

NAME: N/A

ADDRESS: _____

ADDRESS: _____

TELEPHONE: () _____

TELEPHONE: () _____

DATE: _____ TIME: _____ AM PM

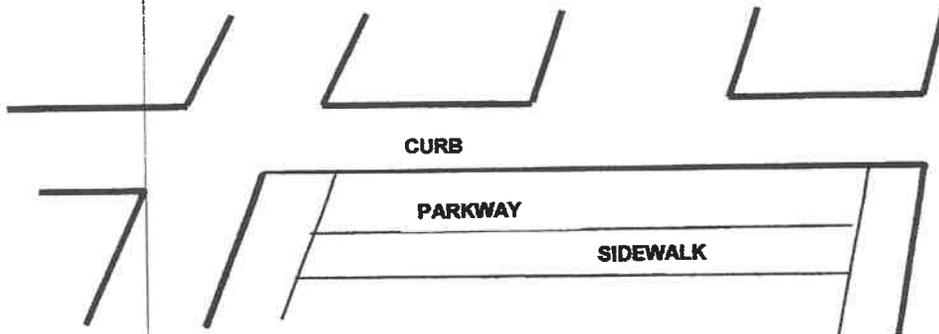
DATE: _____ TIME: _____ AM PM

9. PLEASE READ THE FOLLOWING CAREFULLY:

For all vehicle accident claims, place on the following diagram, the names of streets, including NORTH, EAST, SOUTH AND WEST directions. Indicate place of accident by "X" and by showing house numbers or distances to street corners.

If a city/town vehicle was involved, designate by letter "A" location of the City/Town vehicle when you first saw it, and by "B" location of yourself or your vehicle when you first saw City/Town vehicle; location of City/Town vehicle at time of accident by "A-1" and location of yourself or your vehicle at the time of the accident by "B-1" and the point of impact by "X".

→ NOTE: IF THE DIAGRAM BELOW DOES NOT FIT THE SITUATION, PLEASE ATTACH A PROPER DIAGRAM SIGNED BY THE CLAIMANT.



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I HAVE READ THE FOREGOING CLAIM AND KNOW THE CONTENTS THEREOF; AND CERTIFY THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE EXCEPT AS TO THOSE MATTERS WHICH ARE HEREIN STATED UPON MY INFORMATION AND BELIEF; AND AS TO THOSE MATTERS I BELIEVE THEM TO BE TRUE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF CLAIMANT OR AGENT

KARL F. KOLODZIK

TYPE OR PRINT NAME

6 MARCH 2025

DATE

RELATIONSHIP TO CLAIMANT

NOTE: PRESENTATION OF A FALSE CLAIM IS A FELONY (CA PENAL CODE 72)
RETURN CLAIM TO: RIALTO CITY CLERK'S OFFICE - 150 S. PALM AVE., RIALTO, CA 92376



CITY OF RIALTO

150 SO. PALM AVENUE
 RIALTO, CA 92376

Bank of America
 Southern CA. Government
 Services Div. 1431
 Los Angeles, CA 90071

Check No. 2666

18-66
 1220

Dept.	Empl. #	Date
5174	000278	12/24/1999

Amount
*****0.00

PAY EXACTLY **** VOID **** VOID **** VOID **** VOID ****

PAY TO THE ORDER OF
 KARL KOLODZIK

NON-NEGOTIABLE

00649032356 100.68

COPY COPY COPY COPY COPY

CITY OF RIALTO

Empl. Name	KARL KOLODZIK	Pay Period START Date	12/05/1999	Gross Pay	1,811.02
Empl. Number		Pay Period END Date	12/18/1999	Net Pay	100.68
CHECK #	2666	Issue Date	12/24/1999	Filing Status	M 02
				Taxable Calendar Y-T-D Earnings	98,264.52

EARNINGS				BENEFITS			DEDUCTIONS	
Description	Hours	Rate	Amount	Description	Amount	Year-To-Date	Amount	Year-To-Date
ua		<i>Hourly Pay</i>	405.87	FEDERAL WI			122.74	16117.0
oto	58.00	21.431	1242.99	STATE WITH			15.28	4880.3
sep	62.00			PERS.	338.48	8416.65		
hmp	1.00	100.000	100.00	SURVIVOR'S			0.93	16.7
edpa			62.16	LIFE INSUR		39.30		
				KAISER +2		1158.18		
TOTALS	121.00	14.967	1811.02	DENTICARE		71.97		
				GREAT WEST			307.69	7999.9
				KAISER +2			46.25	560.0
				ALLIANCE P			34.20	802.0
				VISION PLA				171.0
				ARROWHEAD			1100.00	28100.0
				RIALTO FIR			41.25	448.5
				RIALTO PRO			42.00	1008.0
				TOTALS	338.48	9686.10	1710.34	60103.5

LEAVE			
Description	Taken	Earned	Balance
SICK LEA		4.89	2894.07
compensa			38.50
holiday			49.93
VACATION		9.79	420.78
			3407.21 X 21.431 = 73,020.00

COMMENTS: HAPPY HOLIDAYS TO YOU!!

APPLICATION FOR SERVICE RETIREMENT

PERS-BAS-369S-F (4-96)

ALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Benefit Application Services Division

P.O. Box 942711 (400 P Street, Sacramento, CA 95814)

Sacramento, CA 94229-2711

(916) 326-3232 (8:00AM to 5:00PM Weekdays, Voice Mail 24 Hours A Day)

Telecommunications Device for the Deaf - (916) 326-3240

AX (916) 326-3934



IMPORTANT: This application should be mailed directly to CalPERS 90 days in advance of your planned retirement date. Your retirement date cannot be earlier than the first of the month in which your application is received by CalPERS.

1. Social Security Number

PLEASE PRINT OR TYPE

2. Name (First Name, Middle Initial, Last Name) <i>KARL F. KOLODZIK</i>		3. Birthdate	4. Retirement Effective Date <i>01/01/00</i>
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5. Mailing Address (Street, Avenue, Road, P.O. Box, etc.)		6. Telephone Number Home: () Work: ()	
City	State <i>CALIFORNIA</i>	ZIP <i>92346</i>	

7. Last Day on Pay Status <i>12/13/99</i>	8. Employer <i>RIALTO CITY FIRE DEPT</i>	9. Position Title (Do Not Abbreviate) <i>FIRE CAPTAIN</i>
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10. TEMPORARY ANNUITY - I desire to have my monthly allowance further modified for life to provide for additional temporary annuity allowance.

Yes No If "Yes", age desired (59 1/2 or whole age 60 to 68) _____ Amount \$ _____ .00

Please calculate my options with the following beneficiary information: (Note: This is not a beneficiary designation.)

11. BENEFICIARY NAME <i>GAY D. KOLODZIK</i>	Birthdate	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Relationship <i>WIFE</i>
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The following information is necessary to ensure that your retirement allowance calculation correctly reflects any survivor benefits that may be payable upon your death. Payments will be made in accordance with the Public Employees' Retirement Law. Please answer all four questions and complete the required information for each section that is answered "yes".

12. Are you currently married? Yes No

Spouse's Full Name <i>GAY DENISE KOLODZIK</i>	Social Security Number	Birthdate <i>11/28/53</i>	Date of Marriage <i>11/12/88</i>
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13. Do you have any natural or adopted unmarried children under 18? Yes No

Child's Full Name <i>KELL MAR KOLODZIK</i>	Social Security Number	Birthdate
<i>KRIS HAROLD KOLODZIK</i>		
<i>KIRK DONALD KOLODZIK</i>		

14. Do you have any unmarried children who were disabled prior to their 18th birthday and who have remained disabled until the present time? Yes No

Child's Full Name	Social Security Number	Birthdate
		<i>/ /</i>

15. Are your parents dependent upon you for at least one-half of their support? Yes No

Parent's Full Name	Social Security Number	Birthdate
		<i>/ /</i>
Parent's Full Name	Social Security Number	Birthdate
		<i>/ /</i>

THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED WITH YOUR SIGNATURE TO BE VALID.

Are you a member of another public funded retirement system based in California, other than Social Security, military or railroad retirement?

Yes No If "Yes", please complete the section below.

Name of System:	Dates of Service Credited:	Date of Retirement
	/ / - / /	/ /

17. FINAL COMPENSATION TO BE USED: "Final Compensation" is the highest average compensation earnable by you during a one year or three consecutive year period of employment, whichever your agency has contracted for, immediately preceding the effective date of your retirement, or the date of your last separation from employment, if earlier, or during any other period specified by you on this application. Unless a different period is specified by you, your final compensation will be calculated based upon the one year or three consecutive year period immediately preceding your retirement or separation date.

OTHER PERIOD TO BE USED: FROM _____ TO _____

18. I hereby certify under penalty of perjury that this information submitted hereon is true and correct according to the best of my knowledge. I understand that to cancel this application I must submit written notice to the system prior to the mailing of my first retirement warrant. I further understand that the beneficiary named above is not an official designation of my beneficiary. This will be done on the Election of Optional Settlement and Beneficiary Designation form (PERS-BAS-898) which will be provided at a later date.

Member's Signature

Date Signed

21 January 2000

INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for PERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, 400 P Street, P.O. Box 942702, Sacramento, CA 94229-2702.

To: Shama Curian, Rialto Human Resources Director

From: Karl F. Kolodzik

Subject: Fire personnel that left RFD with 14 months of my departure

Ms. Curian:

Listed are the RFD safety employees that left Rialto for other department's due to the corrupt Fire Administration:

1. Berry Stewart; went to Ontario FD; gave up Captain's promotion.
2. Seam Smith; Went to Riverside City FD; Retired as Fire Captain in charge of their arson unit.
3. Ed Clark, FFPM; went to Riverside City FD; became an arson investigator.
4. Tony Perna; FFPM; went to Riverside City FD; currently a B/C with Riverside City FD
5. Jeff Larson, FF; went to Riverside City FD; Retired from Riverside City FD
6. Brady Schmidt, FF; went to Riverside City FD
7. Jim Boswell; Fire captain; went to OCFA as FFPM; retired from OCFA as Fire Captain
8. Dave Wolf, Fire Captain; went to OCFA as FFPM; retired from OCFA as Fire Captain
9. Ken Yellen; Fire Engineer; went to San Bernardino City FD as FF; retired from SBFD as Fire Captain
10. Todd Mitchell, FFPM; went to OCFA as FFPM; retired from OCFA.
11. Joe Smith, FFPM; went to OCFA as FFPM; retired from OCFA.
12. Rob Reed, FFPM; went to OCFA as FFPM; retired from OCFA.
13. Steve Teal, FFPM; went to OCFA; retired as FF/PM.
14. Jason Housa, FFPM went to Long Beach City FD.
15. Brian Meckler, FFPM; went to Los Angeles County FD.

. Dave Lugo left RFD for Arcadia City FD; was unsuccessful there; was hired at Brea FD; was removed from his position for job abandonment. There are more stories to this tail but this addendum to my request is just the tip of the iceberg of what the RFD went through after I retired.

Sincerely,

Karl F. Kolodzik

Karl F. Kolodzik

Fire Captain-retired

Rialto Fire Department