Roll Call Num	ber				Agenda Item Number
Date March 9	, 2009				
WH: out of a Dec					workers' compensation claim against the City arising nd
WH: employmen		, the cla	nimant i	incurred	this injury within the course and scope of her
WH. as a whole;		, Ms. W	/oodarc	l has bee	n assigned an impairment rating of 5-6% to the body
					Legal Department that payment of a 5% rating would oines; NOW, THEREFORE,
BE IT RESO	OLVED	by the	City C	ouncil of	the City of Des Moines, Iowa:
Woodard an	d her a the Fin	ttorney, ance Di	Tom V rector i	Verner, 1 s authori	,959.27 be made and is hereby approved to Sally 441 29th Street, Suite 111, West Des Moines, Iowa ized and directed to draw a warrant accordingly under
FORM APPROVED:				MOV	/ED BYTO ADOPT
Angela 7. A Assistant Ci	Althoff ty Atto	<u> (Ula</u>			
COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT	
COWNIE					CERTIFICATE
COLEMAN	-	ļ			
HENSLEY					I, DIANE RAUH, City Clerk of said City hereby certify
MAHAFFEY	1	 		1	that at a meeting of the City Council of said City of Des
MAHAFFEI					Moines, held on the above date, among other

		1
COWNIE		
COLEMAN		
HENSLEY		
KIERNAN		
MAHAFFEY		
MEYER		
VLASSIS		
TOTAL		

MOTION CARRIED

APPROVED

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed my seal the day and year first above written.

proceedings the above was adopted.

	 City Clerk
 	 <u> </u>

Mayor