Date March 23, 20	09		
		riest has a workers' compensa o his left shoulder occurring o	ntion claim against the City of Des on September 24, 2007; and
WHERE A employment; and		nt incurred this injury within	the course and scope of his
WHEREA whole; and	AS, Mr. Priest	has been assigned an impairn	nent rating of 9% to the body as a
		inion of the Legal Departmennes; NOW, THEREFORE,	at that payment would be in the best
BE IT RESOLVI	ED by the City	Council of the City of Des M	foines, Iowa:
1 2		ount of \$22,513.82 be made a r is authorized and directed to	and is hereby approved to Sheldon draw a warrant accordingly.
FORM APPROV	ED:	MOVED BY	TO ADOPT

YEAS	NAYS	PASS	ABSENT
	TENS	LEAS RAIS	

MOTION CARRIED

APPROVED

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

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

	City	Clerk
--	------	-------

Mayor