Roll Call Number					Agenda Item Numbe	
Date July 27, 2	009					
WHE arising out o					s a workers' compensation claim against the City ry; and	
WHE employmen		6, Mr. C	Calkins	incurred	d these injuries within the course and scope of his	
WHE and	EREAS	s, Mr. C	alkins	has bee	en assigned an impairment rating of 8% to the leg;	
WHE on that ratin			egal D	epartme	ent has negotiated a settlement of the claim based	
WHE claim would	EREAS	s, it is the bes	the op	inion of est of the	the Legal Department that the settlement of the e City of Des Moines; NOW, THEREFORE,	
BE IT RES	OLVED) by the	e City C	Council o	of the City of Des Moines, Iowa:	
approved a	nd the	Financ	e Direc	ctor is a	James Calkins be made and the same is hereby uthorized and directed to draw a warrant EN000 PWK071001.	
FORM APF	PROVE	:D:			MOVED BY TO ADOPT	
	Of Milhoff	107	<u>UU</u>			
Angela T. A Assistant C	Of Milhoff	107	PASS	ABSENT		
Angela T Assistant C	Althoff ity Atto	orney	<u>ltl</u>			
Angela T. A Assistant C COUNCIL ACTION COWNIE	Althoff ity Atto	orney	<u>ltl</u>		CERTIFICATE	
Angela T. A Assistant C COUNCIL ACTION COWNIE COLEMAN	Althoff ity Atto	orney	<u>ltl</u>		CERTIFICATE I, DIANE RAUH, City Clerk of said City hereby certify	
Angela T Assistant C COUNCIL ACTION COWNIE COLEMAN HENSLEY	Althoff ity Atto	orney	<u>ltl</u>		CERTIFICATE I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Dec	
Angela T Assistant C COUNCIL ACTION COWNIE COLEMAN HENSLEY KIERNAN	Althoff ity Atto	orney	<u>ltl</u>			
Angela T. Angela	Althoff ity Atto	orney	<u>ltl</u>		CERTIFICATE I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Demonines, held on the above date, among other	

Mayor

_____ City Clerk