

.....
 August 10, 2009
Date

WHEREAS, Lynnette Colins has a workers' compensation claim against the City arising out of an injury on August 27, 2008; and

WHEREAS, Ms. Colins incurred this injury within the course and scope of her employment; and

WHEREAS, Ms. Colins has been assigned an impairment rating of 6% to the left upper extremity, which has not yet been paid; and

WHEREAS, it is the opinion of the Legal Department that payment of the extremity rating and interest would be in the best interest of the City of Des Moines; NOW, THEREFORE,

BE IT RESOLVED by the City Council of the City of Des Moines, Iowa:

That payment of \$9,203.12 to Lynnette Colins be made and the same is hereby approved and the Finance Director is authorized and directed to draw a warrant accordingly under Fund Codes 529810 GE001 POL040700.

FORM APPROVED:

MOVED BY _____ TO ADOPT


 Angela J. Althoff
 Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
TOTAL				

CERTIFICATE

I, LAURA BAUMGARTNER, Chief Deputy 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.

MOTION CARRIED APPROVED
 _____ Mayor
