

Date October 13, 2008

WHEREAS, Ronald Sowden, Sewer Cleaning Equipment Operator, has a workers' compensation claim against the City of Des Moines arising out of an injury to his right shoulder on February 5, 2008; and

WHEREAS, the claimant incurred this injury within the course and scope of his employment; and

WHEREAS, Mr. Sowden has been assigned an impairment rating of 10% to the body as a whole; and

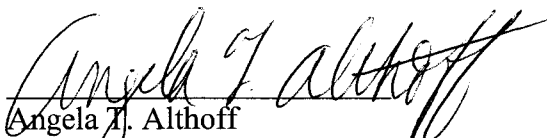
WHEREAS, the City is obligated to pay the amount of this rating, plus interest; and

WHEREAS, it is the opinion of the Legal Department that this payment, representing a 10% functional disability plus interest, would be in the best interest in the City of Des Moines; NOW, THEREFORE,

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

That payment in the amount of \$32,220.53 be made and is hereby approved to Ronald Sowden and the Finance Director is authorized and directed to draw a warrant accordingly under Fund Codes 529810 EN000 PWK071001.

FORM APPROVED: _____ MOVED BY _____ TO ADOPT


 Angela T. Althoff
 Assistant City Attorney

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

MOTION CARRIED APPROVED

.....
Mayor

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