

★ Roll Call Number
08-1424

Agenda Item Number
23A

Date August 11, 2008

WHEREAS, Thomas Alexander has a workers' compensation claim against the City of Des Moines arising out of injuries sustained while working as a Laborer for Parks and Recreation; and

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

WHEREAS, Mr. Alexander has been assigned an impairment rating of 8% to the body as a whole; and

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

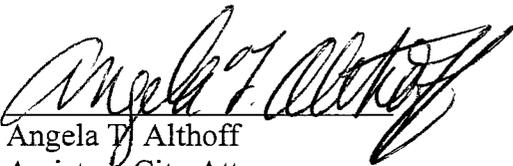
WHEREAS, it is the opinion of the Legal Department that this payment, representing a 8% functional disability, would be in the best interest in the City of Des Moines; NOW, THEREFORE,

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

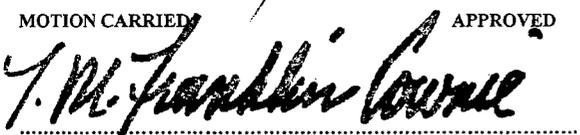
That payment in the amount of \$20,172.88 be made and is hereby approved to Thomas Alexander and the Finance Director is authorized and directed to draw a warrant accordingly under Fund Codes 529810 GE001 PKS010400.

FORM APPROVED:

MOVED BY Hensley TO ADOPT


Angela T. Althoff
Assistant City Attorney

| COUNCIL ACTION | YEAS | NAYS | PASS | ABSENT |
|----------------|------|------|------|--------|
| COWNIE | ✓ | | | |
| COLEMAN | ✓ | | | |
| HENSLEY | ✓ | | | |
| KIERNAN | ✓ | | | |
| MAHAFFEY | ✓ | | | |
| MEYER | ✓ | | | |
| VLASSIS | ✓ | | | |
| TOTAL | 7 | | | |

MOTION CARRIED APPROVED

T. M. Franklin
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.


Diane Fauh
City Clerk