

Agenda Item Number

Date June 27, 2011

WHEREAS, Michael Stroud, a Public Works employee, suffered a left shoulder injury on November 1, 2010; and

WHEREAS, Mr. Stroud this injury within the course and scope of his employment; and

WHEREAS, Mr. Stroud has now received a rating from the treating doctor of 9% to the body as a whole; and

WHEREAS, the City is required by law to pay this rating; and

WHEREAS, it is the opinion of the Legal Department that payment of the rating 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 \$9,285.19 to Michael Stroud 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 EN000 PWK071001.

FORM APPROVED:

MOVED BY _______ TO ADOPT

lthof

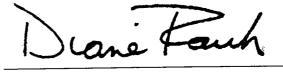
Assistant City Attorney

| COUNCIL ACTION | YEAS | NAYS | PASS | ABSENT |
|----------------|--------|------|---------|--------|
| COWNIE | ~ | | | |
| COLEMAN | ~ | | | |
| GRIESS | ~ | | | |
| HENSLEY | ~ | | | |
| MAHAFFEY | ~ | | | |
| MEYER | ~ | | | |
| MOORE | V | | | |
| TOTAL | 1 | | | |
| MOTION CARRIED | APPROV | | PPROVED | |
| 1 in A | 11 | • | 7 | • |

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