A) DATE:	h 7, 2001			FILE NUMBER:				
					scal Note 🗌 Subst	_		
Reso.	lution au	thorizing and di	recting the De	epartment or	Employee Re.	Lations to	submit	
Work	er's Comp	ensation Applica	tion.					
B) SUBMITTED BY (1	name/title/dep	t./ext.): Michael Br	ady/Employee	Benefits Mana	ger/2317			
C) CHECK ONE:		ADOPTION OF THIS FILE AUTHORIZES EXPENDITURES.						
	ADOPTION OF THIS FILE DOES NOT AUTHORIZE EXPENDITURES; FURTHER COMMON COUNCIL ACTION NEEDED. LIST ANTICIPATED COSTS IN SECTION G BELOW.							
	NOT APPLICABLE/NO FISCAL IMPACT.							
D) 0114 P.O.F. T.O.		AFNITAL ACCOUNT (DA)		CONTINIOENT FUND.	(CE)			
D) CHARGE TO:		☐ DEPARTMENTAL ACCOUNT (DA) ☐ CONTINGENT FUND (CF) ☐ SPECIAL PURPOSE ACCOUNTS (SPA)						
	☐ PERM. IMPROVEMENT FUNDS (PIF) ☐ GRANT & AID ACCOUNTS (G & AA)							
	OTHER (21171111 4 7112 71000	om (a a / v)	_		
E) PURPO	SE	SPECIFY	TYPE/USE	ACCOUNT	EXPENDITURE	REVENUE	SAVINGS	
SALARIES/WAGE	S:							
			· · · · · · · · · · · · · · · · · · ·					
SUPPLIES:								
JUPPLIES.			<u> </u>					
MATERIALS:								
NEW EQUIPMENT								
	· ID-							
EQUIPMENT REPA	AIK:							
OTHER:								
							,	
TOTALS				·········				
		,						
		ENUES WHICH WILL OCCU		ASIS OVER SEVERAL	YEARS CHECK TH	É APPROPRIATI	EBOX	
BELOW AND IN	IEN LIST EACH	ITEM AND DOLLAR AMOU	INI SEPARATELT.					
☐ 1-3 YEARS		☐ 3-5 YEARS						
1-3 YEARS		☐ 3-5 YEARS						
1-3 YEARS		3-5 YEARS						
G) LIST ANY ANTI	CIPATED FUT	URE COSTS THIS PROJEC	CT WILL REQUIRE FO	R COMPLETION:				
· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·					
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H) COMPLITATION	IS LISEU IN VE	RIVING AT FISCAL ESTIN						
n, COMPUTATION	13 UJED IN AN	INITING AT FISCAL ESTIN	MAIE	·				
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PLEASE LIST ANY COMMENTS ON REVERSE SIDE AND CHECK HERE $\ \square$