BILL/ RESOLUTION REQUEST

1.	Title: Amends the Classification and Pay Plan by changing the pay grade for the Claims
	Adjuster I classification from 614-A (\$38,574 - \$56,318) to 615-A (\$40,329 - \$58,880) and the
	Claims Adjust II classification from 806-A (\$44,077 - \$70,523) to 807-A (\$47,118 - \$75,389).

2.	Requesting	Agency:	Career S	Service A	Authority
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3.	Contact	Person	with actual	knowledge of	fproposed	ordinance

Name:Meredith Creme

Phone: Email:

4. Contact Person with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary

Name: Phone: Email:

- 5. Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved
 - a. Scope of Work
 - b. Duration
 - c. Location
 - d. Affected Council District
 - e. Benefits
 - f. Costs
- 6. Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.

Bill Request Number: BR14-1006 Date: 11/10/2014