ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request: June 5, 2014
Please mark one:		⊠ Bill Request	or	☐ Resolution Request
1.	Has your agenc	cy submitted this request in	the last 12	months?
	☐ Yes	⊠ No		
	If yes, pleas	se explain:		
2.	Title: Amending portions of Chapter 18 of the Denver Revised Municipal Code to modify the City contribution to the medical plans as well as the City's Health Savings Account contribution.			
		f Human Resources will be pro on June 16, 2015.	esenting this	s recommendation to the Technology and Governance
3.	Requesting Age	ency: Office of Human F	Resources	
4.	 Contact Person: (with actual knowledge of proposed ordinance) Name: Jennifer Cahoon Phone: 720-913-5521 Email: Jennifer.cahoon@denvergov.org 			
5.	 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: Jennifer Cahoon Phone: 720-913-5521 Email: Jennifer.cahoon@denvergov.org 			
6.	General description of proposed ordinance including contract scope of work if applicable:			
				inicipal Code, changing the City's participation in medica Savings Account contribution.
7	. Is there any cor Please explain		ordinance?	(groups or individuals who may have concerns about it?)
	None known			