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:	10/11/10	
Please mark one:		: x I	Bill Request	or		Resolution Requ	est		
1.	Has your agency submitted this request in the last 12 months?								
	☐ Yes	x N	No						
	If yes, p	lease explair	ı:						
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)								
	Payout 52 hours of sick leave from Fire fighters sick bank in 2010 vs. 2011, in accordance with the 2009 MOU with the Denver Firefighters – Local 858.								
3.	Requesting Agency: Finance/BMO – Ed Scholz								
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Ed Scholz Phone: x35522 Email: edward.scholz@denvergov.org								
5.	 Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) Name: same as above Phone: Email: 								
6.	As part of th bank. The N current salar and included hours out in	e MOU with MOU allowed ies costs less \$1.5 million 2010. \$1.5 m	Denver Firefighte the City to payout than paying them to do so in the 20	rs Local 85 t the addition out at a futured budget. The rescinded	8 in 200 onal 52 l ure, high This red from the	hours at its discret her salary. The Ci quest is to add \$1. e Fire budget in 20	k if applicable: k leave was added to every ion prior to February 1, 20 ity had planned on paying a 4 million to the Fire budge 011, resulting in a savings	112. Paying them out a these hours out in 2011 et in 2010 and pay the	
	**Please complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field.)								
	a. Co	ntract Contr	ol Number:						
	b. Du	ration:							
		eation:							
		ected Counc	il District:						
		efits:							
	f. Cos	sts:							
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Plea explain. None								
			To b	e complete	d by Ma	yor's Legislative	 Team:		
SIRE Tracking Number:						Date	Date Entered:		