SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET

Referred to Commission Committee (name) _____

For Commission Action on (date)_____

DESCRIPTION OF ITEM: RESOLUTION AUTHORIZING HEALTHCARE PREMIUM INCREASE FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2009. SPONSORED BY COMMISSIONER JOSEPH FORD

CHECK ALL THAT APPLY BELOW:

__X__ This Action does NOT require expenditure of funds.

_____ This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: $_____: County CIP Funds: $_____

State Grant Funds: $_____: State Gas Tax Funds: $_____

Federal Grant Funds: $_____

Other funds (Specify source and amount):

Other pass-thru funds (Specify source and amount): $ _____

Originating Department: Human Resources-Employee Benefits

APPROVAL:

Dept. Head: _____ \ _____ \ 06/17/09
Mike Lewis 545-4359 (Initials) (Date)

Elected Official: _____ \ _____ \ _____
(Initials) (Date)

Division Director: F Grace Hutchinson \ FGH \ 6/17/09
F. Grace Hutchinson 545-4429 (Initials) (Date)

CIP – A&F Director: _____ \ _____ \ _____
(Initials) (Date)

Finance Dept.: _____ \ MS \ 6/17/09
Mike Swift 545-4269 (Initials) (Date)

County Attorney: Lisa Kelly \ LK \ 6/17/09
(Initials) (Date)

CAO/Mayor: **James F. Huntzicker** \ _____ \ 6/18/09
James Huntzicker 545-4514 (Initials) (Date)