

FINANCIAL IMPACT STATEMENT For Council Action Items

(Deliver original to Financial Planning Division. Retain copy.)

1. Name of Initiator Becky Chiao		2. Telephone Number 503-823-6124	3. Bureau/Office/Department OMF/Risk Management
4a. To be filed (date) April 22, 2010	4b. Calendar (Check One) <div style="display: flex; justify-content: space-around;"> Regular <input type="checkbox"/> Consent <input checked="" type="checkbox"/> 4/5ths <input type="checkbox"/> </div>		5. Date Submitted to FPD Budget Analyst April 14, 2010

1) Legislation Title: *Pay Claim of Marsha Anderson.**2) Purpose of the Proposed Legislation:** This ordinance will close OMF Risk Management File No. G2008-8013-01 for a total of \$8,000.00. Please see memorandum for detail.**3) Revenue:****Will this legislation generate or reduce current or future revenue coming to the City? If so, by how much? If new revenue is generated please identify the source.**

This legislation will have no impact on City revenue.

4) Expense:**What are the costs to the City as a result of this legislation? What is the source of funding for the expense?** *(Please include costs in the current fiscal year as well as costs in future years) (If the action is related to a grant or contract please include the local contribution or match required)*

Cost to the City is \$8,000.00. The source of funding is the City's Insurance and Claims Fund. All cost of the settlement is in the current fiscal year.

Staffing Requirements:**5) Will any positions be created, eliminated or re-classified in the current year as a result of this legislation?** *(If new positions are created please include whether they will be part-time, full-time, limited term or permanent positions. If the position is limited term please indicate the end of the term.)*

No.

6) Will positions be created or eliminated in future years as a result of this legislation?

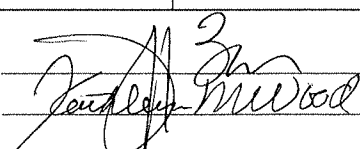
No.

Complete the following section only if an amendment to the budget is proposed.**7) Change in Appropriations** *(If the accompanying ordinance amends the budget please reflect the dollar amount to be appropriated by this legislation. Include the appropriate cost elements that are to be loaded by accounting. Indicate "new" in Center Code column if new center needs to be created. Use additional space if needed.)*

Fund	Fund Center	Commitment Item	Functional Area	Funded Program	Grant	Amount

Jeff Baer, Director, BIBS

Kate Wood, Risk Manager



APPROPRIATION UNIT HEAD (Typed name and signature)



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CITY OF PORTLAND, OREGON**Office of Management and Finance
Risk Management Services**

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Kate Wood, Risk Manager
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DATE: April 14, 2010**TO:** Mayor Sam Adams**FROM:** Becky Chiao
503-823-6124**FOR MAYOR'S OFFICE USE ONLY**

Reviewed by Bureau Liaison _____

RE: *Pay Claim of Marsha Anderson (emergency)

1. **INTENDED THURSDAY FILING DATE:** April 22, 2010
2. **REQUESTED COUNCIL AGENDA DATE:** April 28, 2010
3. **CONTACT NAME & NUMBER:** Becky Chiao, 503-823-6124
4. **PLACE ON:** ☒ **CONSENT** ☐ **REGULAR**
5. **BUDGET IMPACT STATEMENT ATTACHED:** ☒ **Y** ☐ **N** ☐ **N/A**
6. **(3) ORIGINAL COPIES OF CONTRACTS APPROVED AS TO FORM BY CITY ATTORNEY ATTACHED:** ☐ **Yes** ☐ **No** ☒ **N/A**

7. BACKGROUND/ANALYSIS

Marsha Anderson worked in the Bureau of Purchases from 2004-2007. She was terminated because of concerns about her conduct. Investigators from the Bureau of Labor and Industries found substantial evidence to proceed with a hearing on the issue of her rights under the Oregon Family Medical Leave Act and employment discrimination laws.

Rather than pursue the matter at a state hearing, BOLI negotiated a settlement to which Risk Management and the City Attorney's office recommend, pending City Council approval.

8. FINANCIAL IMPACT

Approval of the settlement would result in a payment of \$8,000.00 from the liability fund.

9. RECOMMENDATION/ACTION REQUESTED

Submit the attached Ordinance for approval by City Council as an emergency ordinance on the consent agenda.