

Agenda Item 743

TESTIMONY

9:45 AM TIME CERTAIN

**AMEND HR ADMIN RULES FOR SICK LEAVE**IF YOU WISH TO SPEAK TO CITY COUNCIL, **PRINT** YOUR NAME, ADDRESS, AND EMAIL.

NAME (PRINT)

ADDRESS AND ZIP CODE *(Optional)*Email *(Optional)*

✓ Rachel Whiteside		Rachel@PTE17.org
✓ Joe Walsh		