

**Request for Ordinance/Resolution**

City of Kansas City, Missouri

Request for ☒ Ordinance  
☐ Resolution (Special Instructions Below)

To be entered by the City Clerk

|                         |      |
|-------------------------|------|
| Legislative Control No. | Date |
| Docketing Date          |      |
| Committee Assignment    |      |

**Before using this form see Administrative Regulation 4-1, Procedures for Handling Ordinance Requests**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Request Made By<br>Gary O'Bannon, Director         | Department<br>Human Resources Department                                                                                                        |
| Desired Docketing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                   | If Emergency, Give Reason (See Sec. 15 of Charter) |                                                                                                                                                 |
| Emergency Measure Required?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                                                                                 |
| Justification for Proposed Legislation<br><br>Amending Article VIII of the Administrative Code of Kansas City, Missouri, relating to the Classification and Compensation Plan, by repealing Sections 2-1075 and 2-1078, which provides for implementation of the Collective Bargaining Agreement (CBA) between the City of Kansas City, Missouri and the International Association of Fire Fighters, Local 42, as it relates to wages, classifications and compensation. |                                                    |                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                                                                                 |
| <b>Resolution Special Instructions:</b><br>Parchment Resolutions Required?<br>Yes <input type="checkbox"/> Number _____<br>No <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                             |                                                    | Date: _____<br><br>Director's Signature                                                                                                         |
| Wish to Review and Approve this Ordinance prior to its introduction. Requestor<br>Does <input type="checkbox"/> Does Not <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                             |                                                    | If this is a Resolution, does the Sponsor desire the adoption on the first reading?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

**To be Used by the Finance Department**

|                                                                                                                                                   |       |                                                            |       |                                       |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------|-------|---------------------------------------|-------|
| Budget and Systems                                                                                                                                | Date: | Account Numbers and Appropriation Balances Checked         | Date: | Fund Availability Approved            | Date: |
| Division Head Signature                                                                                                                           |       | Supervisor of Accounts' Signature                          |       | Director of Finance's Signature       |       |
| Distribution:<br>White City Clerk<br>Blue City Clerk<br>Green City Manager<br>Canary City Counselor<br>Pink Finance Dept.<br>Goldenrod Department |       | EXHIBIT ATTACHED: _____<br><br>EXHIBIT NOT ATTACHED: _____ |       | Date:<br><br>City Manager's Signature |       |