



AGENDA ITEM REQUEST

ORIGINATING DEPARTMENT: CENTRAL SERVICES/RISK MANAGEMENT

ROUTING:

CITY MANAGER: _____ DATE: _____

CITY MANAGER APPROVAL TO BEGIN PROCEDURES.

SIGNATURE: _____

PURCHASING: _____ DATE: _____

PURCHASING APPROVAL: _____ SIGNATURE: _____

LEGISLATIVE AIDE: _____ DATE: _____

CITY ATTORNEY: _____ DATE: _____

ITEM REQUEST:

A Resolution of the City of Sunrise approving a workers' compensation settlement in the amount of \$32,500 for claimant #414334, who sustained an on-the-job injury on April 27, 2008; authorizing workers compensation counsel to execute all related documents, providing for funding and providing an effective date.

FUNDING SOURCE: 501-0000-239.50-10
Claims and Judgments/Workers' Compensation

AMOUNT: \$32,500

BUDGET APPROVAL
SIGNATURE: _____

ATTACHED EXHIBITS:

RESOLUTION

SUMMARY EXPLANATION/BACKGROUND INFORMATION/JUSTIFICATION:

Claimant #414334 incurred an on-the-job injury on April 27, 2008. The City's workers' compensation attorneys have reached a negotiated lump sum settlement with the claimant in the amount of \$32,500 in exchange for mutual releases and the claimant's voluntary retirement from the City effective November 1, 2009. The settlement closes all verified claims for any past and future medical expenses, lost wages, claimant's counsel's attorney's fees, release costs, and settlement costs. Claimant also had a prior attorney in this case who has recently demanded fees and costs in the amount of \$8,749.87. The settlement provides that if the prior attorney successfully asserts his claim for fees and costs against the claimant in future workers' compensation proceedings, the claimant will satisfy that claim out of the \$32,500 lump sum settlement. However, the City has agreed to assist the claimant in defending the claim which may result in additional defense costs.

Should the claimant's prior attorney file a petition against the City, the City's worker's compensation defense lawyers feel we can successfully defend against a further petition by claimant's prior attorney for fees and costs. Furthermore, our defense lawyers believe any such exposure is negligible when compared to overall value of the current negotiated settlement. Staff recommends the City approve the settlement of \$32,500.

DEPARTMENT HEAD RECOMMENDATION:

APPROVAL

PERSON WITH ADDITIONAL INFORMATION:

NAME: BILL MASON, RISK MANAGER PHONE: 954-572-2496

DIVISION HEAD SIGNATURE:

BILL MASON

DEPARTMENT HEAD SIGNATURE:

TARIQ RIAZ, DIRECTOR, CENTRAL SERVICES

CITY MANAGER RECOMMENDATIONS:

APPROVED FOR AGENDA PLACEMENT.

SIGNATURE: _____ (CITY MANAGER)

SUNRISE, FLORIDA

RESOLUTION NO. _____

A RESOLUTION OF THE CITY OF SUNRISE, FLORIDA, APPROVING A WORKERS' COMPENSATION SETTLEMENT; AUTHORIZING WORKERS' COMPENSATION COUNSEL TO FINALIZE AND EXECUTE ALL RELATED DOCUMENTS; AND PROVIDING AN EFFECTIVE DATE.

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SUNRISE, FLORIDA:

Section 1. A workers' compensation settlement in the amount of \$32,500 to be paid to Claimant #414334 is hereby approved.

Section 2. The City Workers' Compensation Counsel is authorized to finalize and execute all related documents for this settlement.

Section 3. Effective Date. This Resolution shall be effective immediately upon its passage.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2009.

Mayor Roger B. Wishner

Authentication:

Felicia M. Bravo
City Clerk

MOTION: _____
SECOND: _____

ALU: _____
ROSEN: _____
SCUOTTO: _____
SOFIELD: _____
WISHNER: _____

Approved by the City Attorney
as to Form and Legal Sufficiency. _____
Stuart R. Michelson