

## RCA Request for Council Action

| Sue Wadley |  |
|------------|--|
| Requestor  |  |
| 11/05/2015 |  |
|            |  |

| SUBJECT AND PURPOSE INFORMATION   |                                     | 11/05/2015   |  |  |  |  |
|---|-------------------------------------|--|--|--|--|--|
|   |                                     | Date   |  |  |  |  |
| Requesting Council to approve legislation to authorize the Mayor to sign the Steelworkers Participation Agreement effects |                                     |  |  |  |  |  |
| 1/1/16 to provide medical, dental and   | vision coverage for employees u     | under the Steel Workers Bargaining unit agreement. |  |  |  |  |
|   |                                     |  |  |  |  |  |
|   |                                     |  |  |  |  |  |
| Please describe nature of action requ<br>or communication, etc.) <b>in detail</b> .                                       | ested (type of legislation requeste | ed; nature of agreement, amendment,                |  |  |  |  |
| 60 Blvd of the Allies, Suite 700, P   | ittsburgh, PA 15222                 |  |  |  |  |  |
| Street address, City, ST, ZIP Code (if ap   | plicable, i.e., contracts, gareeme  | nts. etc.)   |  |  |  |  |
| Type of Request   | pricable, i.e., cermaers, agreeme   | 113, 676.1   |  |  |  |  |
| Discussion Item on Agenda   | ✓ Ordinance                         | Motion Resolution                                  |  |  |  |  |
| Resolution  | Statutory Resolution                | Previous Related Legislation                       |  |  |  |  |
|   |                                     | <del></del>  |  |  |  |  |
|   | aiver En                            | nergency   |  |  |  |  |
| Funding. If Supplemental Needed [Acc  | count Number and Name]              |  |  |  |  |  |
|   |                                     |  |  |  |  |  |
| Amount  |                                     |  |  |  |  |  |
| From the unappropriated, unencumber   | ered balance of the                 | Fund   |  |  |  |  |
|   |                                     | <del>-</del>                                       |  |  |  |  |
| To Append No  | To Account None                     |  |  |  |  |  |
| To Account No.  | To Account Name                     |  |  |  |  |  |
| Funding. If Already Appropriated [Acc   | ount Number and Name]               |  |  |  |  |  |
| \$500,688.00  | •                                   |  |  |  |  |  |
| Amount  |                                     |  |  |  |  |  |
|   | multiple funds                      |  |  |  |  |  |
| Account No.   | Account Name                        |  |  |  |  |  |
| Funding. If Transfer Needed (attach pa  | ge 2 transfer table]                |  |  |  |  |  |
| *Attach additional documentation, if  | applicable.                         |  |  |  |  |  |
| Page 2 attachment for budget/fu   | und transfers                       |  |  |  |  |  |
| Approved by Finance   |                                     |  |  |  |  |  |

Page 2: Budget/Fund Transfers Table

| AMOUNT | FROM ACCT. NAME | ACCOUNT NO. | TO ACCOUNT NAME | ACCOUNT NO. |
|--------|-----------------|-------------|-----------------|-------------|
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