

CITY COUNCIL AGENDA REQUEST FORM

Today's date: 09 / 23 / 19

Date of meeting 10 / 02 / 19

(City Council meetings are held the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month.)

Name of Elected Official, City Employee, Organization, or Citizen making request:

Nicole Goes, HR Director

Address: 1123 Lake Street, Sandpoint, ID 83864

Phone number and email address: (208) 946-2060 ngoes@sandpointidaho.gov

Authorized by: Nicole Goes

*name of City official*

*City official's signature*

Subject: Employee Recognition

Summary of what is being requested: Presentation of Certificates of Recognition to employees who have completed job related training, continuing education, certification or other professional development programs within the last fiscal year.

The following information **MUST** be completed before submitting your request to the City Clerk:

1. Would there be any financial impact to the city?  Yes  No Budgeted?  Yes  No  
If yes, in what way? \_\_\_\_\_

2. Name(s) of any individual(s) or group(s) that will be directly affected by this action:

Various

Have they been contacted?  
**Yes or No**

Yes

3. Is there a need for a general public information or public involvement plan? **Yes or No**

If yes, please specify and suggest a method to accomplish the plan: \_\_\_\_\_

4. Is an enforcement plan needed?  Yes  No Additional funds needed?  Yes  No

5. Have all the affected divisions been informed about this agenda item?  Yes  No

**This form must be submitted no later than 5:00pm Tuesday the week prior to the meeting. All pertinent documentation for the Council packet must be included.**

**ITEMS WILL NOT BE AGENDIZED WITHOUT THIS FORM**

**CITY OF SANDPOINT  
AGENDA REPORT**

**DATE: 09/23/2019**

**TO: MAYOR AND CITY COUNCIL**

**FROM: Nicole Goes**

**SUBJECT: Employee Recognition**

**DESCRIPTION/BACKGROUND:**

Recognition for employees who have completed a job-related professional development certification program consisting of a minimum of two or more CEUs or who have completed a formal licensing or training program related to their position.

**STAFF RECOMMENDATION:**

City Council recognition of the professional development accomplishments of current employees who have completed a job-related professional development certification program in the last fiscal year.

**ACTION:** No formal action is required.

**WILL THERE BE ANY FINANCIAL IMPACT? Yes HAS THIS ITEM BEEN BUDGETED? Yes**

**ATTACHMENTS:**

None