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## **RESOLUTION NO.** 37592

#### BY REQUEST OF MAYOR BAARSMA

A RESOLUTION relating to the Tacoma-Pierce County Board of Health; appointing Anthony L-T. Chen, M.D., M.P.H., to serve as the Director of Health of the Tacoma-Pierce County Health Department.

WHEREAS Anthony L-T. Chen, M.D., M.P.H., has agreed to serve as Director of Health of the Tacoma-Pierce County Health Department, and

WHEREAS, pursuant to RCW 70.08.010 through 70.08.040, the City Council and the Pierce County Council must pass resolutions appointing a new Director of Health; Now, Therefore,

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF TACOMA:

That Anthony L-T. Chen, M.D., M.P.H., is hereby appointed Director of Health of the Tacoma-Pierce County Health Department, said appointment to be effective October 20, 2008.

Adopted <u>SEP 1 6 2008</u>

Mayor

IVIa

City Clerk

Attest:

Approved as to form:

Assistant City Attorney

67



# **REQUEST FOR** □ ORDINANCE ⊠ RESOLUTIO

Request #: Ord./Res. #:

Acct #:

37592

2008 SEP -8 PM 12: 00 1. DATE: September 8, 2008 CITY CLERK'S 2. SPONSORED BY: MAYOR BILL BAARSMA 3a. REQUESTING 4a. CONTACT (for questions): PHONE: (253) 594-7848 DEPARTMENT/DIVISION/PROGRAM Cindy Leingang Legislative 4b. Person Presenting: PHONE: (253) 594-7848 3b. Do Pass From [Committee Name] Mayor Baarsma Yes (Appointments Committee) No 4c. ATTORNEY: Steve Gross PHONE: (253) 591-5638 Did not go before a Committee Department Director/Utility Division **Budget Officer/Finance Director** City Manager/Director Utilities 5. REQUESTED EFFECTIVE DATE: September 16, 2008 6. SUMMARY AGENDA TITLE: (A concise sentence, as it will appear on the Council agenda.) Appointing Anthony L-T. Chen, M.D., M.P.H. to serve as Director of Health of the Tacoma-Pierce County Health Department effective October 20, 2008. 7. BACKGROUND INFORMATION/GENERAL DISCUSSION: (Why is this request necessary? Are there legal requirements? What are the viable alternatives? Who has been involved in the process?) A vacancy has occurred due to the resignation of the previous Director of Health. 8. LIST ALL MATERIAL AVAILABLE AS BACKUP INFORMATION FOR THE REQUEST AND INDICATE WHERE FILED: Source Documents/Backup Material Location of Document Biographical Information Sheet City Clerk's Office 9. FINANCIAL IMPACT: A. NO IMPACT (NO FISCAL NOTE) B. YES, OVER \$100,000, Fiscal Note Attached C. YES, UNDER \$100,000, (NO FISCAL NOTE) Provide funding source information below: FUNDING SOURCE: (Enter amount of funding from each source) Fund Number & Name: State \$ City \$ Other \$ **Total Amount** If an expenditure, is it budgeted?  $\square$  Yes  $\square$  No Where? Cost Center:

Resolution No. 37592	
Adopted: SEP 1 6 2008	
Maker of Motion: Talbert	
Seconded: Ladenburg	

## Voice Vote:

MEMBERS	AYES	NAYS	ABSTAIN	ABSENT
Ms. Anderson				1
Mr. Fey	4			
Ms. Ladenburg	J			
Mr. Lonergan	1			
Mr. Manthou				4
Ms. Strickland	4			
Mr. Talbert	2			
Ms. Walker	8			
Mayor Baarsma	<b>み</b>			

### Roll Call Vote:

MEMBERS	AYES	NAYS	ABSTAIN	ABSENT
Ms. Anderson				
Mr. Fey				
Ms. Ladenburg				
Mr. Lonergan				· · · · · · · · · · · · · · · · · · ·
Mr. Manthou				
Ms. Strickland				
Mr. Talbert				
Ms. Walker				
Mayor Baarsma				