

## OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday, September 3<sup>rd</sup>, 2024** at 9:00 A.M. in the public meeting room at the Des Moines County Courthouse.

8:30 AM -Work Session: Board of Supervisors: Review of Weekly Business

**PUBLIC NOTICE** – the meeting can be viewed by live stream at <https://desmoinescounty.iowa.gov/live/> Anyone with questions during the meeting may email the Board of Supervisors at [board@dmcounty.com](mailto:board@dmcounty.com) OR call 319-753-8203, Ext 4

### TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Correspondence
5. Discussion / Vote:
  - A. Payroll Reimbursement Claims
  - B. Accounts Payable Claims
  - C. Resolution #2024-044 and Final Plat for Fox Hollow Valley Subdivision
  - D. Personnel Actions:
    1. Local Health (1)
    2. Correctional Center (4)
    3. Conservation (4)
    4. Auditor (1)
  - E. Minutes for Regular Meeting on August 27<sup>th</sup>, 2024
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment

**DES MOINES COUNTY  
BOARD OF SUPERVISORS  
RESOLUTION #2024-044**

WHEREAS Section 354.8 of the Code of Iowa states that a governing body shall certify by resolution the approval of a subdivision plat, and,

WHEREAS the Final Plat for **Fox Hollow Valley Subdivision** has been reviewed for conformance to applicable County standards by the Des Moines County Zoning Commission,

NOW THEREFORE, BE IT RESOLVED: That the Board of Supervisors hereby approves the Final Plat of **Fox Hollow Valley Subdivision**, with the following condition:

- Approval of a Zoning Permit for construction of any building(s) on Lot 3 shall be contingent on confirmation that either the building(s) will not encroach on the existing electric easement, or the electric line has been relocated.

Approved and adopted this 3rd day of September, 2024.

DES MOINES COUNTY BOARD OF SUPERVISORS

Tom L. Broeker, Chair

\_\_\_\_\_

Jim Cary, Vice Chair

\_\_\_\_\_

Shane McCampbell, Member

\_\_\_\_\_

ATTEST: \_\_\_\_\_

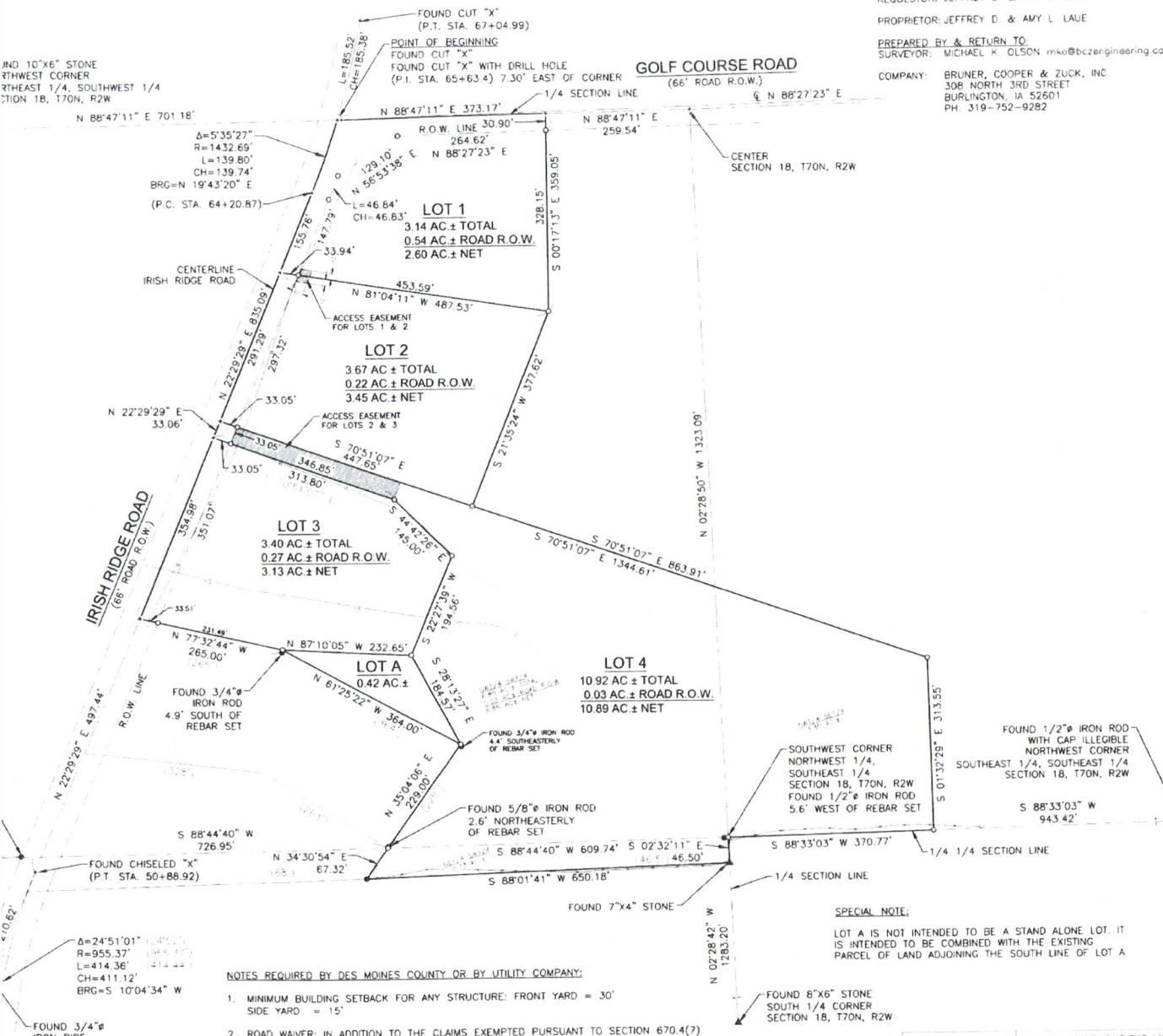
Sara Doty, County Auditor

# FINAL PLAT FOX HOLLOW VALLEY SUBDIVISION

PART OF THE SW1/4 AND PART OF THE SE1/4 OF SECTION 18,  
T70N, R2W OF THE 5TH P.M., DES MOINES COUNTY, IOWA

INDEX LEGEND  
 LOCATION: FOX HOLLOW VALLEY SUBDIVISION  
 PART OF SW 1/4 & SE 1/4 SECTION 18,  
 T70N, R2W 5TH P.M.,  
 DES MOINES COUNTY, IOWA  
 REQUESTOR: JEFFREY D. & AMY L. LAUE  
 PROPRIETOR: JEFFREY D. & AMY L. LAUE  
 PREPARED BY & RETURN TO:  
 SURVEYOR: MICHAEL K. OLSON mko@bczengineering.com  
 COMPANY: BRUNER, COOPER & ZUCK, INC.  
 308 NORTH 3RD STREET  
 BURLINGTON, IA 52601  
 PH. 319-752-9282

IND 10"x6" STONE  
 RTHWEST CORNER  
 RTHEAST 1/4, SOUTHWEST 1/4  
 CTION 18, T70N, R2W



**NOTES:**

- INDICATES 5/8" IRON ROD (U.N.O.) FOUND IN PLACE
- INDICATES 5/8" x 30" REBAR WITH PLASTIC CAP STAMPED "LS 19282" SET THIS SURVEY.
- "+" INDICATES "+" CUT IN CONCRETE (U.N.O.) THIS SURVEY.
- DISTANCES ARE IN FEET AND DECIMAL PARTS THEREOF.
- BEARINGS & DISTANCES IN PARENTHESIS ARE THOSE OF RECORD, ALL OTHERS ARE FIELD MEASUREMENTS.
- BEARINGS ARE BASED ON IOWA STATE PLANE COORDINATE SYSTEM, SOUTH ZONE, 1402.
- PARCEL SHOWN HEREON IS SUBJECT TO EASEMENTS, AGREEMENTS OR RESTRICTIONS OF RECORD.
- INDICATES EXISTING FENCE.
- DATE OF COMPLETION OF FIELD WORK: 04/08/2024.
- EXISTING UNDERGROUND ELECTRIC
- EXISTING WATER MAIN OR SERVICE

**PERIMETER DESCRIPTION:** FOX HOLLOW VALLEY SUBDIVISION

PART OF THE SOUTHWEST QUARTER AND PART OF THE SOUTHEAST QUARTER OF SECTION 18, TOWNSHIP 70 NORTH, RANGE 2 WEST OF THE FIFTH PRINCIPAL MERIDIAN, DES MOINES COUNTY, IOWA AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE NORTHWEST CORNER OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SAID SECTION 18;  
 THENCE N 88° 47' 11" E, 701.18' ALONG THE 1/4 SECTION LINE TO THE POINT OF BEGINNING;  
 THENCE CONTINUING N 88° 47' 11" E, 373.17' ALONG THE 1/4 SECTION LINE.  
 THENCE S 00° 17' 13" E, 359.05';  
 THENCE S 21° 35' 24" W, 377.62';  
 THENCE S 70° 51' 07" E, 863.91';  
 THENCE S 01° 32' 29" E, 313.55' TO THE 1/4 1/4 SECTION LINE;  
 THENCE S 88° 33' 03" W, 370.77' TO THE SOUTHWEST CORNER OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SAID SECTION 18;  
 THENCE S 02° 32' 11" E, 46.50' ALONG THE 1/4 SECTION LINE;  
 THENCE S 88° 01' 41" W, 650.18';  
 THENCE N 34° 30' 54" E, 67.32' TO THE 1/4 1/4 SECTION LINE;  
 THENCE N 35° 04' 06" E, 229.00';  
 THENCE N 61° 25' 22" W, 364.00';  
 THENCE N 77° 32' 44" W, 265.00' TO THE CENTERLINE OF IRISH RIDGE ROAD.  
 THENCE N 22° 29' 29" E, 835.09' ALONG SAID CENTERLINE,  
 THENCE 139.80' ALONG THE ARC OF A 1432.69' CURVE CONCAVE NORTHWESTERLY, HAVING A CHORD DISTANCE OF 139.74' BEARING N 19° 43' 20" E (SAID CURVE HAS A DELTA ANGLE OF 5°35'27"), TO THE POINT OF BEGINNING CONTAINING 21.55 ACRES, MORE OR LESS.

**SPECIAL NOTE:**

LOT A IS NOT INTENDED TO BE A STAND ALONE LOT. IT IS INTENDED TO BE COMBINED WITH THE EXISTING PARCEL OF LAND ADJOINING THE SOUTH LINE OF LOT A

**NOTES REQUIRED BY DES MOINES COUNTY OR BY UTILITY COMPANY:**

- MINIMUM BUILDING SETBACK FOR ANY STRUCTURE: FRONT YARD = 30' SIDE YARD = 15'
- ROAD WAIVER: IN ADDITION TO THE CLAIMS EXEMPTED PURSUANT TO SECTION 670.4(7) OF THE IOWA CODE DEALING WITH PUBLIC ROADS, DES MOINES COUNTY IS NOT INVOLVED IN THE MAINTENANCE OF THIS PRIVATE RIGHT-OF-WAY AND IS FURTHER HELD HARMLESS FOR ANY COSTS IN MAINTAINING SAID ROAD SYSTEM OR RIGHT-OF-WAY OR FOR ANY OTHER DAMAGES SUSTAINED PERTAINING TO THE USE OF SAID ROAD SYSTEM OR RIGHT-OF-WAY.
- UTILITY EASEMENTS SHALL CONSIST OF ALL PLATTED STREETS OR ROADS, AND A 7.5 FOOT WIDE STRIP ALONG EACH SIDE OF ALL INTERIOR LOT LINES, AND A 25 FOOT WIDE STRIP ALONG AND ADJACENT TO ALL PLATTED STREETS AND ROADS, AND A 15 FOOT WIDE STRIP OF LAND ON ALL LOTS, 7.5 FOOT EITHER SIDE OF THE UTILITY SERVICE AS BUILT, FROM THE POINT OF ORIGIN TO THE POINT OF SERVICE ENTRANCE.



I HEREBY CERTIFY THAT THIS LAND SURVEYING DOCUMENT WAS PREPARED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA.  
 MICHAEL K. OLSON  
 LICENSE NUMBER: 19282  
 MY LICENSE RENEWAL DATE IS DECEMBER 31, 2024  
 PAGES OR SHEETS COVERED BY THIS SEAL: 1

**OWNER & SUBDIVIDER**  
 JEFFREY D. & AMY L. LAUE  
 10393 GOLF COURSE RD.  
 BURLINGTON, IA 52601

**Bruner, Cooper & Zuck, Inc.**  
 Civil Engineers, Structural Engineers, Architects, Land Surveyors  
 Professional Design Firm LS/ARC/PE/SE Corp. 184-002633-0015  
 bcz@bczengineering.com www.bczengineering.com

188 East Simmons St Burlington, Iowa 52601 309.343.9282	308 North 3rd Street Burlington, Iowa 52601 319.752.9283	830 Golden Valley Drive Burlington, Iowa 52722 563.355.1856
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JOB NO. 2023289-2  
 DRAWN: BJS CHECKED: MKO APPROVED: MKO

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Jennifer Hartman Employee #: \_\_\_\_\_  
Title: Secretary Department: Local Health

## STATUS CHANGES

### TERMINATION

Resignation     Unsatisfactory Probation  
 Discharge     Death  
 Retirement     Other, Explain

### TRANSFER

Permanent     Voluntary  
 Temporary     Involuntary

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### LEAVE OF ABSENCE

Maternity     Educational  
 Medical     Military  
 Other, Explain \_\_\_\_\_

### SALARY ADJUSTMENT

Reclassification     Demotion  
 Anniversary     Reduction  
 Promotion     Suspension  
 Probationary     Other, Explain

3.39 hours unpaid on August 29, 2024

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by: Christa Poggemiller Department: Local Health Date: 8/30/2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Payroll Date: \_\_\_\_\_

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Dominick Foster Employee #: 00961  
Title: Correctional Officer Department: Correctional Center

## STATUS CHANGES

### TERMINATION

- Resignation     Unsatisfactory Probation  
 Discharge     Death  
 Retirement     Other, Explain

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- Paternity     Educational  
 Medical     Military  
 Other, Explain  
**FMLA Unpaid hours: 1.19**

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

### TRANSFER

- Permanent     Voluntary  
 Temporary     Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

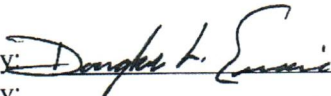
### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- New Hire     Probationary  
 77.11Hours     Demotion  
 80 Hours     Reduction  
 Anniversary     Suspension  
 Promotion     Other, Explain

Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by:  Department: Correctional Center Date: August 28, 2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: August 31, 2024 Payroll Date: September 6, 2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Ceairra Kelley Employee #: 00941  
Title: Correctional Officer Department: Correctional Center

## STATUS CHANGES

### TERMINATION

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge   | <input type="checkbox"/> Death                    |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Other, Explain           |

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

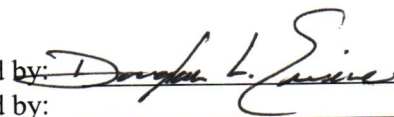
Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Maternity      | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical        | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Other, Explain |                                      |
- \_\_\_\_\_  
\_\_\_\_\_

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Authorized by:   
Authorized by: \_\_\_\_\_

Department: Correctional Center Date: August 26, 2024  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: October 12, 2024 Payroll Date: October 18, 2024

### TRANSFER

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary   |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- |   |   |
|---|---|
| <input type="checkbox"/> New Hire               | <input type="checkbox"/> Probationary   |
| <input type="checkbox"/> 77.11Hours             | <input type="checkbox"/> Demotion       |
| <input type="checkbox"/> 80 Hours               | <input type="checkbox"/> Reduction      |
| <input checked="" type="checkbox"/> Anniversary | <input type="checkbox"/> Suspension     |
| <input type="checkbox"/> Promotion              | <input type="checkbox"/> Other, Explain |
- 18-month step increase  
Sept 29, 30 – old rate only

Previous Rate \$51,128.19 New Rate \$52,259.27  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: October 1, 2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Kenyetta Rooks Employee #: 00906  
Title: Correctional Officer Department: Correctional Center

## STATUS CHANGES

### TERMINATION

Resignation  Unsatisfactory Probation  
 Discharge  Death  
 Retirement  Other, Explain

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

Maternity  Educational  
 Medical  Military  
 Other, Explain  
FMLA – unpaid hours 73.30

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Authorized by: *Douglas L. Jensen*  
Authorized by: \_\_\_\_\_

Department: Correctional Center Date: August 26, 2024  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: August 31, 2024 Payroll Date: September 6, 2024

### TRANSFER

Permanent  Voluntary  
 Temporary  Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

New Hire  Probationary  
 77.11Hours  Demotion  
 80 Hours  Reduction  
 Anniversary  Suspension  
 Promotion  Other, Explain

Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Angela Coey Employee #: 00920  
Title: Correctional Officer Department: Correctional Center

## STATUS CHANGES

### TERMINATION

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Unsatisfactory Probation |
| <input type="checkbox"/> Discharge   | <input type="checkbox"/> Death                    |
| <input type="checkbox"/> Retirement  | <input type="checkbox"/> Other, Explain           |

\_\_\_\_\_  
\_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

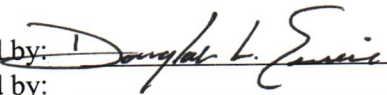
Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Maternity      | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Medical        | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Other, Explain |                                      |
- \_\_\_\_\_  
\_\_\_\_\_

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Authorized by:   
Authorized by: \_\_\_\_\_

Department: Correctional Center Date: August 26, 2024  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: September 14, 2024 Payroll Date: September 20, 2024

### TRANSFER

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Voluntary   |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Involuntary |

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

- |   |   |
|---|---|
| <input type="checkbox"/> New Hire               | <input type="checkbox"/> Probationary   |
| <input type="checkbox"/> 77.11 Hours            | <input type="checkbox"/> Demotion       |
| <input type="checkbox"/> 80 Hours               | <input type="checkbox"/> Reduction      |
| <input checked="" type="checkbox"/> Anniversary | <input type="checkbox"/> Suspension     |
| <input type="checkbox"/> Promotion              | <input type="checkbox"/> Other, Explain |
- \_\_\_\_\_  
24-month step increase  
Sept 1,2,3,4,5 – Old Rate Only

Previous Rate \$52,259.27 New Rate \$53,287.41  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: September 5, 2024



# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Grant Swanson Employee # : \_\_\_\_\_  
Title: Conservation Intern Department: Conservation

## STATUS CHANGES

### TERMINATION

- Resignation     Unsatisfactory Probation  
 Discharge     Death  
 Retirement     Other, Explain

End of season / back to college. \_\_\_\_\_

Last Day Worked 08/23/2024  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

### TRANSFER

- Permanent     Voluntary  
 Temporary     Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Does the employee Want Health Insurance Continued  Yes  No  
Does Employee Want Life Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### LEAVE OF ABSENCE

- Maternity     Educational  
 Medical     Military  
 Other, Explain \_\_\_\_\_


Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

### SALARY ADJUSTMENT

- New Hire     Demotion  
 Anniversary     Reduction  
 Promotion     Suspension  
 Probationary     Other, Explain

Does the employee Want Health Insurance Continued  Yes  No  
Does Employee Want Life Insurance Continued  Yes  No

Previous Rate \_\_\_\_\_ **New Rate** \_\_\_\_\_  
Previous Job Title: (if changed) \_\_\_\_\_  
**Effective Date:** August 23, 2024

Authorized by:  Department: Conservation Date: 8/26/2024  
Authorized by: Chris Lee Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: 8/31/2024 Payroll Date: 9/6/2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Aron Kehoe Employee # : \_\_\_\_\_  
Title: Community Outdoor Recreation Department: Conservation  
And Education Specialist (Moving  
from Full time Seasonal to Perm. Part  
Time

## STATUS CHANGES

### TERMINATION

Resignation     Unsatisfactory Probation  
 Discharge     Death  
 Retirement     Other, Explain

### TRANSFER

Permanent     Voluntary  
 Temporary     Involuntary

Previous Title Full Time seasonal CORES  
Previous Dept \_\_\_\_\_  
New Job Title Perm Part Time CORES  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

### LAY OFF

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### LEAVE OF ABSENCE

Maternity     Educational  
 Medical     Military  
 Other, Explain \_\_\_\_\_


### SALARY ADJUSTMENT

**New Hire**     Demotion  
 Anniversary     Reduction  
 Promotion     Suspension  
 Probationary     Other, Explain

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Previous Rate \_\_\_\_\_ **New Rate** \$20.00/hr  
Previous Job Title: (if changed) \_\_\_\_\_  
**Effective Date:** August 26, 2024

Authorized by:  Department: Conservation Date: 8/26/2024  
Authorized by: Chris Lee Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: 8/31/2024 Payroll Date: 9/6/2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Angela Berndt Employee # : \_\_\_\_\_  
Title: Conservation Intern – Enviro. Ed. Department: Conservation

## STATUS CHANGES

### TERMINATION

Resignation       Unsatisfactory Probation  
 Discharge         Death  
 Retirement         Other, Explain

End of Internship \_\_\_\_\_

Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_

Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

Maternity             Educational  
 Medical                Military  
 Other, Explain \_\_\_\_\_

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

### TRANSFER

Permanent             Voluntary  
 Temporary             Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

New Hire               Demotion  
 Anniversary           Reduction  
 Promotion              Suspension  
 Probationary          Other, Explain

Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: August 16, 2024

Authorized by: Chris Lee Department: Conservation Date: 8/26/2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: 08/17/2024 Payroll Date: 08/23/2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Trenton Gebhardt Employee #: \_\_\_\_\_  
Title: Conservation Intern Department: Conservation

## STATUS CHANGES

### TERMINATION

Resignation  
 Discharge  
 Retirement  
 Unsatisfactory Probation  
 Death  
 Other, Explain

End of Season / back to college.

Last Day Worked 08/23/2024  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

### LEAVE OF ABSENCE

Maternity  
 Medical  
 Other, Explain  
 Educational  
 Military

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No

Authorized by:   
Authorized by: Chris Lee

Department: Conservation Date: 8/26/2024  
Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: 8/31/2024 Payroll Date: 9/6/2024

### TRANSFER

Permanent  
 Temporary  
 Voluntary  
 Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_

### LAY OFF

Does the employee Want  
Health Insurance Continued  Yes  No  
Does Employee Want Life  
Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

### SALARY ADJUSTMENT

New Hire  
 Anniversary  
 Promotion  
 Probationary  
 Demotion  
 Reduction  
 Suspension  
 Other, Explain

Previous Rate \_\_\_\_\_ **New Rate** \_\_\_\_\_  
Previous Job Title: (if changed) \_\_\_\_\_  
**Effective Date:** August 23, 2024

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Sue Poling Employee #: 00935  
Title: Payroll 1<sup>st</sup> Deputy Department: Auditor

## STATUS CHANGES

### TERMINATION

Resignation       Unsatisfactory Probation  
 Discharge       Death  
 Retirement       Other, Explain

### TRANSFER

Permanent       Voluntary  
 Temporary       Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Effective Transfer Date \_\_\_\_\_  
Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
Last Day Paid \_\_\_\_\_  
Unpaid Days \_\_\_\_\_ to \_\_\_\_\_

### LAY OFF

Final Termination Date \_\_\_\_\_  
Final Rate of Pay \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Does the employee Want Health Insurance Continued  Yes  No  
Does Employee Want Life Insurance Continued  Yes  No  
Last Day Worked \_\_\_\_\_

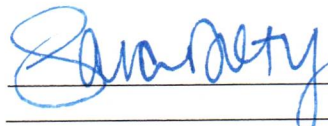
### LEAVE OF ABSENCE

Maternity       Educational  
 Medical       Military  
 Other, Explain \_\_\_\_\_

### SALARY ADJUSTMENT

Reclassification       Demotion  
 Anniversary       Reduction  
 Promotion       Suspension  
 Probationary       Other, Explain  
18-Month Step Increase \_\_\_\_\_

Dates of Absence \_\_\_\_\_ to \_\_\_\_\_  
Does the employee Want Health Insurance Continued  Yes  No  
Does Employee Want Life Insurance Continued  Yes  No  
Previous Rate \$59,196.14 New Rate \$62,897.87  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by:  Department: Auditor Date: 8/26/2024  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: \_\_\_\_\_ Payroll Date: \_\_\_\_\_

August 27, 2024

The Des Moines County Board of Supervisors met in regular session at the Court House in Burlington at 9:00 AM on Tuesday, August 27, 2024, with Chair Tom Broeker, Vice Chair Jim Cary, and Member Shane McCampbell present. This meeting was also held electronically via Webex and YouTube live streaming. Public input was available through board email or call in.

Unless otherwise noted, all motions passed unanimously. The Pledge of Allegiance was conducted.

Meeting with Department Heads: County Auditor Sara Doty reported the Absentee voting for the Burlington Community School District Special Election is currently available in the Auditor's Office. Today is the first day to accept absentee ballot request forms for the November 5<sup>th</sup>, General Election. She would like to thank the Maintenance Department for all their hard work in the Auditor's Office lately. IT Director Colin Gerst stated his office is busy. Sheriff Kevin Glendening stated his office participated in the Town & Country Days parade in Mediapolis this past weekend. The jail population is at 104. Assistant Land Use Administrator Jarred Lassiter reported the office is busy working on Subdivisions. Conservation Director Chris Lee stated the parks will be busy for camping this weekend. His staff will have training with the Burlington Fire Department on wildfires this next week. County Treasurer Janelle Nalley-Londquist reported tax statements have been mailed out. Her office has been busy processing payments. MHASEI CDS Director Ken Hyndman gave an update on the Mental Health Region. Emergency Management Director Shannon Prado stated with the hot temperatures, please use caution when being outdoors. Local Health Director Christa Poggemiller stated the new building is coming along quickly. Their immunization clinics have been busy for back to school. County Engineer Brian Carter stated Flint Bottom Rd. is moving along. The rebuilt motor grader has been back in service for about two weeks and is working great.

No correspondence was received.

Approval Payroll Reimbursement Claims in the amount of \$55.02 were presented. McCampbell made a motion to approve and was seconded by Cary.

Approval of Confirmation of Election Commissioners to Represent the State of Iowa on the Mid-America Port Commission were presented. Cary made a motion to approve and was seconded by Broeker.

Approval of a Class C Liquor License for Travelin Sips Mobile Bar on 9/28/24 was presented. McCampbell made a motion to approve and was seconded by Cary.

Approval of the Annal Renewal of Liquor License for Yarmouth Filling Station Grille was presented. Cary made a motion to approve and was seconded by McCampbell.

Approval of Personnel Actions were presented. Correctional Center – Holly Carpenter, Correctional Officer, 17.07 hours unpaid time. McCampbell made a motion to approve and was seconded by Cary.

McCampbell motioned to approve the August 20<sup>th</sup>, 2024, regular meeting minutes and was seconded by Cary.

Cary attended Regional Planning Board meeting. McCampbell attended a Community Action meeting and the ISAC Conference. Broeker also attended the ISAC Conference.

The meeting was adjourned at 9:29 AM.

This Board meeting is recorded. The meeting minutes and audio are posted on the county's website [www.dmcountry.com](http://www.dmcountry.com)

Tom Broeker, Chair  
Attest: Sara Doty, County Auditor