

## OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday, June 2<sup>nd</sup>, 2026**, 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 319-753-8282

### TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Discussion / Vote:
  - A. Accounts Payable Claims
  - B. Howard E. Nyhart Company Service Agreement FY26/27 Actuarial Services
  - C. Approval of FY27 Worker's Compensation Renewal
  - D. Personnel Actions:
    1. Correctional Center (3)
    2. Local Health (1)
    3. Maintenance (1)
  - E. Reports:
    1. Veterans Affairs Monthly Report, May 2026
  - F. Minutes for Regular Meeting on May 26<sup>th</sup>, 2026
5. Future Agenda Items
6. Committee Reports
7. Public Input
8. Adjournment

Work Sessions Following the Meeting:

BOS / County Attorney

RE: Sale of Douglas St. Properties

# Accounts Payable Claims

## 06/02/2026 MEETING

\$343,055.55

Checks

\$54,118.27

Wire Transfer Pmnt

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**\$397,173.82**

**GRAND TOTAL**



THE HOWARD E. NYHART COMPANY, INC. ("NYHART")
SERVICE AGREEMENT ("AGREEMENT")

Agreement Between Nyhart, and:

Client Name: Des Moines County
Primary Contact Name: Sara Doty
Primary Contact Address: 513 N Main St.; PO Box 784
Burlington, IA 52601
Primary Contact Phone: 319-753-8710
Primary Contact Fax:
Primary Contact Email: dotys@dmcounty.com

Services to be provided by Nyhart

All services to be provided by Nyhart are subject to your full cooperation and prompt submission of complete and accurate information. Nyhart will rely on any and all information that you provide pursuant to this Agreement and on file at our office as to accuracy and completeness. Nyhart will have no responsibility to verify such information and no liability for errors or omissions as a result of relying on such information, except to the extent required by generally accepted professional standards and practices. Nyhart is not a law firm or a public accounting firm and does not provide legal or tax advice.

For the fiscal year ending June 30, 2026, through June 30, 2027, Nyhart will provide the following actuarial services:

- Data collection, review, and analysis. Feedback and commentary for inaccurate or unexpected data will be provided as necessary
Preparation of a comprehensive annual report / actuarial valuation
Disclosures as required by GASB 75
Interim GASB 75 report

Fees for services provided by Nyhart

Table with 2 columns: Service, Fee. Rows include Full GASB 75 actuarial valuation (FYE 6/30/2026) for \$5,300 and Interim GASB 75 actuarial update (FYE 6/30/2027) for \$2,900.



The fee for the interim GASB 75 report will be revised if there have been any significant events subsequent to our last full update. Examples of significant events include, but are not limited to, large premium rate and enrollment changes, material benefit design amendments, and participant contribution policy modification.

Client will be invoiced prior to the beginning of the project for 50% of the estimated fees for services outlined above. Once the labor accrued towards completion of the services exceeds 50% of the estimated fees, billing will occur monthly until the completion of the project. Each invoice is due upon receipt. If any invoice remains unpaid for longer than 90 days from the date of the invoice, Nyhart may either suspend the provision of the Services until payment is received or terminate this Agreement with immediate effect. Failure of Nyhart to exercise any remedy set forth above shall not prevent Nyhart from doing so with respect to any future unpaid invoice or taking any other actions available to Nyhart under law.

For an alternative invoice recipient, please provide their information below. If this section is left blank, we will send the invoice to the primary contact's email address on file or address shown above.

Invoice recipient name \_\_\_\_\_

Invoice recipient email address \_\_\_\_\_

Invoice recipient address \_\_\_\_\_

There will be additional fees for revisions to preliminary or final results that are due to:

- Incorrect information provided to us, typical examples include material changes to census data, changes to eligibility requirements or employer subsidies. The additional fee will be limited to 1/3 of the current year's fee for this type of revision.
- Changes to actuarial assumptions requested by the client that are expected to need more than four hours of labor to update the results. The additional fee will be based on billed labor in excess of four hours at our current hourly rates.

**Additional services available if requested by Client**

In addition to GASB 75 services, Nyhart offers the following additional services. Fee estimates will be provided upon request. Please visit [www.nyhart.com](http://www.nyhart.com) or contact your Nyhart consultant for more information.

- Healthcare reform financial impact consulting
- Actuarial and Minimum Value determinations
- Non-Discrimination testing
- High-Deductible Health Plan (HDHP) eligibility testing
- Calculation of self-funded and COBRA premium rates
- Incurred But Not Reported (IBNR) Reserve calculations
- Medicare Part D Attestation
- Scenario and sensitivity modeling for health plan design and carrier changes
- Forecasting of funding and accounting results
- Defined Benefit & Pension consulting and administration
- Defined Contribution, 401(k) & 403(b)
- Experience studies for key actuarial assumptions
- GASB 101 reporting for compensated absences (formerly GASB 16)

### **Relationship of the Parties**

The legal relationship between Client and Nyhart shall be exclusively that of principal and agent. The parties hereto specifically agree and acknowledge that Nyhart shall not:

- Have discretionary authority over any aspect of the Plan;
- Be a fiduciary;
- Be responsible for ensuring that the Plan complies with any requirement to which the Plan is subject, or be liable to the Plan, Client, or any person if the Plan fails to comply with any such requirement;
- Have any duty or authority to enforce the payment of any contribution owed under the Plan;
- Be responsible for the adequacy of the trust established as part of the Plan, or be liable for any benefits owed under the Plan;
- Exercise discretion as to any Plan function; or
- Have any obligation to perform any service not specified in this Agreement or otherwise agreed to in writing by the parties (regardless of whether such service may be considered “customary” services to be provided by Nyhart).

Client agrees that Nyhart shall use all information and data supplied by or on behalf of the Client without having independently verified the accuracy or completeness of it except to the extent required by generally accepted professional standards and practices. If any documentation or information supplied to Nyhart at any time is incomplete, inaccurate or not up-to-date, or its provision is unreasonably delayed, Nyhart will not be responsible for any delays or liability arising therefrom, and will be entitled to charge the Client in respect of any resulting additional work actually carried out.

The Client further understands that the failure to provide, or cause to provide, complete, accurate, up-to-date, and timely documentation and information to Nyhart, whether intentional or by error, could result in an impairment of Nyhart’s services.

### **Client Responsibilities and Representations**

The Client has general responsibilities with respect to the Plan, including

- Providing all information required by Nyhart to perform its services under this Agreement on a timely basis;
- Serving as fiduciary for the Plan;
- Communicating Plan details to employees and answering employee questions;
- Ensuring adequate funding of the Plan; and
- Authorizing plan disbursements and ensuring accuracy of information provided.

### **Dispute Resolution**

Nyhart and Client agree that before commencing any action or proceeding with respect to any dispute between the parties arising out of or relating to this Agreement or the Services they first shall attempt to settle such dispute through consultation and negotiation in good faith and in a spirit of mutual cooperation. Any such dispute will be submitted in writing to a panel of one (1) senior executive or official of each of Nyhart and Client, who will promptly meet and confer in an effort to resolve such dispute. Each party’s representative will be identified by notice to the other and may be changed at any time thereafter by notice to the other. Any mutually agreed decisions of the executives will be final and binding on the parties. In the event the executives are unable to resolve any dispute within thirty (30) days after submission to them, either party may then refer such dispute to mediation by a mutually acceptable mediator to be chosen by Nyhart and Client within forty-five (45) days after written notice by either party demanding mediation. Neither party may unreasonably withhold consent to the selection of a mediator. All communications and discussions in



furtherance of this paragraph shall be treated as confidential settlement negotiations, which are not subject to discovery. The costs of the mediator shall be shared equally, but each party shall pay its own attorneys' fees.

Any dispute which cannot be resolved between the parties through negotiation, mediation or other form of alternative dispute resolution within six months of the date of the initial demand for mediation by one of the parties may then be submitted to a court of competent jurisdiction. To facilitate an expeditious and economical judicial resolution of such dispute, Nyhart and Client agree to waive and not to demand a trial by jury, and not to include any employee, officer, director or trustee of either as a party, in any action, proceeding or counterclaim relating to such dispute. Nothing in this section will prevent either party from resorting to judicial proceedings if interim relief from a court is necessary to prevent serious and irreparable injury to that party or to others. Any claim, action or proceeding against Nyhart will be barred unless Client initiates the dispute resolution procedures outlined below within one year of first discovering the act, error or omission that is the basis for such claim.

### **Indemnification and Limitation of Liability**

The liability of Nyhart, in tort, contract or otherwise, to Client, a Plan and the officers, directors, trustees, employees or shareholders of any of them, and to any other third party, for all claims arising in connection with or contributed to by this Agreement and the Services (including without limitation multiple claims arising out of or based upon the same act, error or omission, or series of continuous, interrelated or repeated acts, errors or omissions) shall not include loss of profit or incidental, consequential, indirect, punitive or similar damages and shall be further limited to the amount of fees for Services received by Nyhart under this Agreement for the twelve (12) months immediately preceding the act, error or omission upon which such liability is based. Nothing in this paragraph shall apply to any liability which has been finally determined to have arisen from willful misconduct or fraud on the part of Nyhart or which cannot lawfully be limited, modified or excluded.

Client shall indemnify Nyhart from and against any and all claim, loss, liability or damage (including attorney's fees) which Nyhart may incur by reason of its good faith service delivery to Client.

Nyhart shall indemnify the Client from and against any and all claim, loss, liability or damage (including attorney's fees) which the Client may incur: (i) arising out of any material breach by Nyhart of any of its material obligations, representations or warranties contained in this Agreement; or (ii) arising out of Nyhart's gross negligence or willful, fraudulent, or criminal misconduct associated with its performance of services under this Agreement. The parties further recognize that clerical errors and variations may occur. When discovered, they will be corrected or adjusted by Nyhart, in accordance with its normal procedures, to the extent reasonable and possible.



**Acceptance**

The items and conditions of this Agreement are agreed to and accepted by Client on behalf of the Plan. This Agreement is effective only when signed by all parties.

**Des Moines County**

**By:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Nyhart**

**By:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

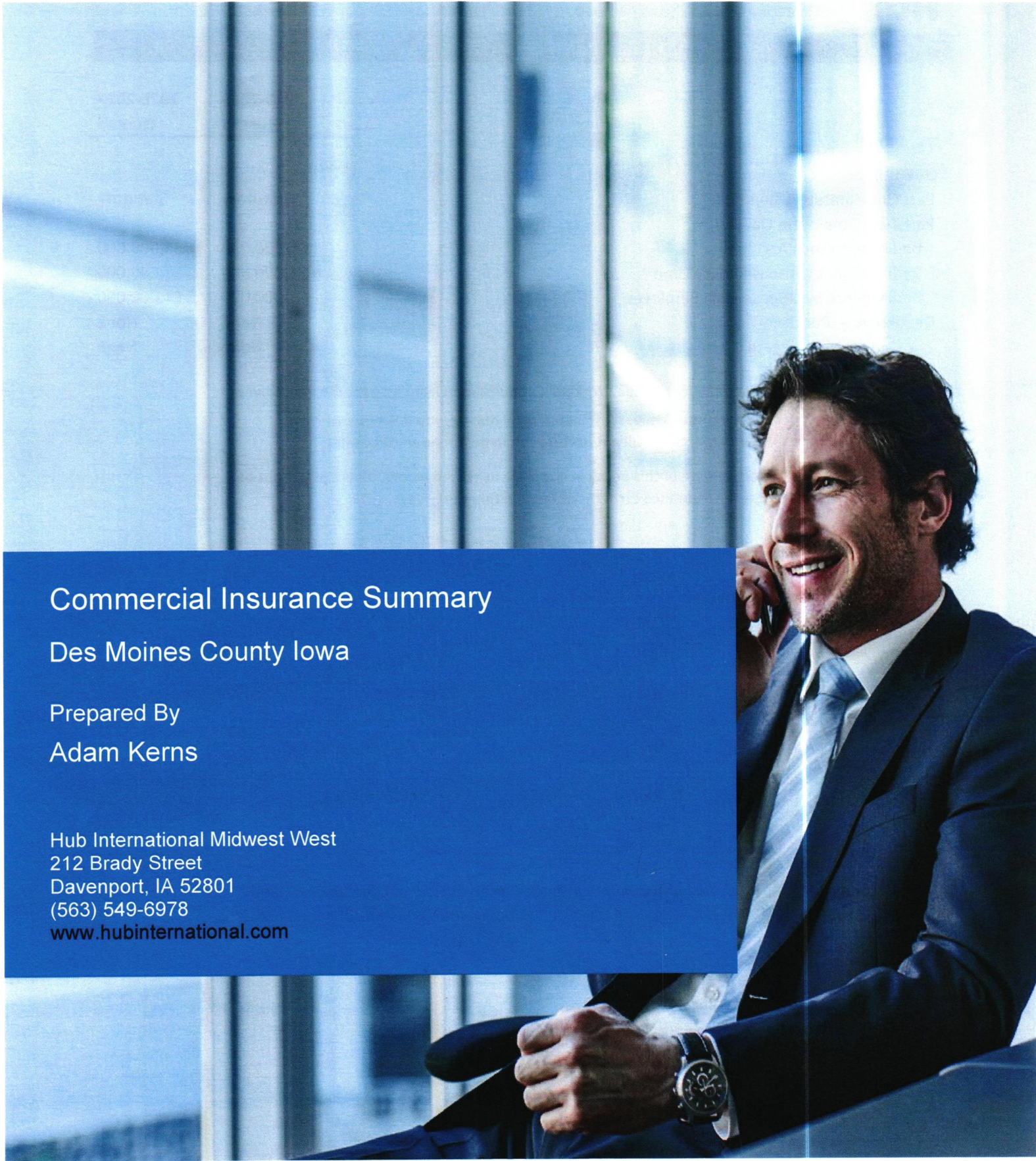


## Commercial Insurance Summary

Des Moines County Iowa

Prepared By  
Adam Kerns

Hub International Midwest West  
212 Brady Street  
Davenport, IA 52801  
(563) 549-6978  
[www.hubinternational.com](http://www.hubinternational.com)





**Ruhl  
& Ruhl**  
INSURANCE  
ESTABLISHED 1862

**WORKERS' COMPENSATION COVERAGE**

	2025-2026 Quoted	2026-2027 Quoted
<b>COVERAGES:</b>		
Part One - Statutory Benefits	Statutory	Statutory
Part Two- Employers Liability		
Bodily Injury Each Accident	\$1,000,000	\$1,000,000
Bodily Injury by Disease Policy Limit	\$1,000,000	\$1,000,000
Bodily Injury by Disease Each Employee	\$1,000,000	\$1,000,000
Deductible - Per Claim	None	None
Aggregate	None	None

State law requires that every employer provide Workers' Compensation insurance for their employees.

If you have operations in North Dakota, Ohio, Washington or Wyoming, you must buy workers compensation from that state. This policy will not protect you in the monopolistic state.

If you have work on the effective date of this policy in any state not listed below, coverage will not be afforded for that state unless the insurance carrier is notified within thirty days.

**POLICY INFORMATION:**

Experience Modification	0.91	0.86
Experience Modification Status		
Preliminary		
Final	X	X

**KEY ENDORSEMENTS:**

Variable A2 Dividend

**COMMENTS:**

Note: Coverage summaries provided herein are intended as an outline of coverage only and are necessarily brief. In the event of loss, all terms, conditions, and exclusions of actual policies will apply.



## WORKERS COMPENSATION

<u>Class Description</u>	<u>Code</u>		<u>2025-2026 Issued</u>	<u>2026-2027 Issued</u>
Landscaping	0042	Exposure:	\$0	\$0
		Rate:	3.88	3.82
		Premium:	\$0	\$0
Office Machine installation, repair	5191	Exposure:	\$223,881	\$230,597
		Rate:	0.89	0.90
		Premium:	\$1,993	\$2,066
Carpentry NOC	5403	Exposure:	\$0	\$0
		Rate:	4.72	4.76
		Premium:	\$0	\$0
Street Construction - Paving	5506	Exposure:	\$1,245,896	\$1,283,273
		Rate:	5.16	4.76
		Premium:	\$64,288	\$61,109
Police Officers & Drivers	7720	Exposure:	\$3,392,914	\$3,494,701
		Rate:	2.39	2.09
		Premium:	\$81,091	\$72,899
Construction Permanent Yard	8227	Exposure:	\$60,677	\$62,497
		Rate:	3.13	3.04
		Premium:	\$1,899	\$1,902
Clerical Office Employees	8810	Exposure:	\$1,925,375	\$1,983,136
		Rate:	0.15	0.14
		Premium:	\$2,888	\$2,757
Attorney - All Employees and clerical Messengers, drivers	8820	Exposure:	\$895,523	\$922,389
		Rate:	0.12	0.11
		Premium:	\$1,075	\$978
Home, Public, Traveling Healthcare	8835	Exposure:	\$805,971	\$830,150
		Rate:	1.64	1.56
		Premium:	\$13,218	\$12,959

Building or Property Management	9015	Exposure:	\$296,642	\$305,541
		Rate:	2.29	2.28
		Premium:	\$6,793	\$6,976
Parks NOC	9102	Exposure:	\$484,702	\$499,243
		Rate:	2.28	2.10
		Premium:	\$11,051	\$10,489
Street Cleaning & Drivers	9402	Exposure:	\$193,656	\$199,466
		Rate:	3.17	3.20
		Premium:	\$6,139	\$6,379
County Employees NOC	9410	Exposure:	\$493,657	\$508,467
		Rate:	1.83	1.69
		Premium:	\$9,034	\$8,603
Street Construction - sub-surface work	5507	Exposure:	\$316,791	\$326,295
		Rate:	3.13	3.12
		Premium:	\$9,916	\$10,180
Police Officers & Drivers [USL&H]	7720F	Exposure:	\$0	\$0
		Rate:	3.11	2.71
		Premium:	\$0	\$0
		<b>Premium Subtotal:</b>	<b>\$209,385</b>	<b>\$197,297</b>
Increased Employers Liability Limits	9812	1.10%	\$2,303	\$2,170
Subtotal			\$211,688	\$199,467
Experience Modification	9898		(\$19,052)	(\$27,925)
Scheduled Credit	9887		(\$28,895)	(\$25,731)
Premium Discount	0063		(\$13,918)	(\$12,394)
Expense Constant	0900		\$160	\$160
Terrorism Coverage	9740		\$1,034	\$1,065
Domestic Terrorism	9741		\$1,034	\$1,065
		<b>Total Premium:</b>	<b>\$152,051</b>	<b>\$135,707</b>
Audit Adjustment				
Payrolls:			\$10,335,685	\$10,645,755
Experience Mod			0.91	0.86

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Patrick Ogorzalek Employee #: \_\_\_\_\_  
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 \_\_\_\_\_

### 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

Final Resignation 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

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

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

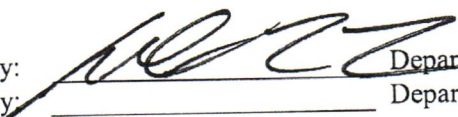
### SALARY ADJUSTMENT

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> New Hire    | <input type="checkbox"/> Probationary   |
| <input checked="" type="checkbox"/> 77.11 Hours | <input type="checkbox"/> Demotion       |
| <input type="checkbox"/> 80 Hours               | <input type="checkbox"/> Reduction      |
| <input type="checkbox"/> Anniversary            | <input type="checkbox"/> Suspension     |
| <input type="checkbox"/> Promotion              | <input type="checkbox"/> Other, Explain |

Full-time starting June 4, 2025. He will start at the 4 year mark.

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

Previous Rate \_\_\_\_\_ **New Rate** \$55,966.12  
Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by:  Department: Correctional Center Date: May 26, 2026  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: June 6, 2026 Payroll Date: June 12, 2026

Emailed Payroll: \_\_\_\_\_

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Andrew Brown Employee #: 0957  
Title: FT Correctional Officer Department: Correctional Center

## 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** June 5, 2026  
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


- Paternity  Educational  
 Medical  Military  
 Other, Explain

### SALARY ADJUSTMENT

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

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

Does the employee Want  
Health Insurance Continued  Yes  No Previous Rate \_\_\_\_\_ New Rate \_\_\_\_\_  
Does Employee Want Life  
Insurance Continued  Yes  No Previous Job Title: (if changed) \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Authorized by:  Department: Correctional Center Date: May 26, 2026  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Pay Period Ending: June 6, 2026 Payroll Date: June 12, 2026

Emailed Payroll: \_\_\_\_\_

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Prissicilla Krieger Employee #: \_\_\_\_\_  
Title: LPN Department: Local Health

## STATUS CHANGES

### TERMINATION

Resignation  
 Discharge  
 Retirement

Unsatisfactory Probation  
 Death  
 Other, Explain

Resignation effective 6/10/2026

Last Day Worked \_\_\_\_\_  
Add Vacation Days \_\_\_\_\_ to \_\_\_\_\_  
Add Sick Days \_\_\_\_\_ to \_\_\_\_\_  
Add Other Days \_\_\_\_\_ to \_\_\_\_\_  
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: Christa Poggemiller Department: Local Health Date: 5/27/2026  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

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

### TRANSFER

Permanent  
 Temporary

Voluntary  
 Involuntary

Previous Title \_\_\_\_\_  
Previous Dept \_\_\_\_\_  
New Job Title \_\_\_\_\_  
New Dept \_\_\_\_\_  
Previous 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

Reclassification  
 Anniversary  
 Promotion  
 Probationary

Demotion  
 Reduction  
 Suspension  
 Other, Explain

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

# NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: CHRISTOPHER BREUER Employee #: \_\_\_\_\_  
Title: LEAD MAINTENANCE Department: MAINTENANCE

## 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

### 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 \_\_\_\_\_  
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"/> Reclassification | <input type="checkbox"/> Demotion             |
| <input type="checkbox"/> Anniversary      | <input type="checkbox"/> Reduction            |
| <input type="checkbox"/> Promotion        | <input type="checkbox"/> Suspension           |
| <input type="checkbox"/> Probationary     | <input type="checkbox"/> Other, Explain _____ |

START DATE JUNE 1, 2026  
NEW HIRE STARTING RATE \$34,934.41

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

Authorized by: *Lothay Bluisner* Department: MAINTENANCE Date: May 28, 2026  
Authorized by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

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





# COMMISSION OF VETERANS AFFAIRS

## DES MOINES COUNTY

STATISTICS FOR THE MONTH OF MAY 2026

Total spent on Direct Financial Aid to Vets:

**\$238.83**

Total Budgeted

**\$8,750.00**

SPENT:		WAR-TIME PERIOD				BALANCE
						\$8,750.00
Food	\$114.47	WWII	\$0.00	July	\$300.00	\$8,450.00
Medical	\$0.00	Korean	\$0.00	August	\$0.00	\$8,450.00
Rent	\$0.00	Vietnam	\$55.02	September	\$293.53	\$8,156.47
Utilities	\$124.36	Lebanon	\$0.00	October	\$0.00	\$8,156.47
Clothing	\$0.00	Panama	\$0.00	November	\$308.20	\$7,848.27
Personal	\$0.00	Grenada	\$0.00	December	\$345.77	\$7,502.50
Education	\$0.00	Persian Gulf	\$0.00	January	\$1,000.00	\$6,502.50
Burial	\$0.00	Peace Time	\$183.81	February	\$1,000.00	\$5,502.50
Misc.	\$0.00	Food Pantry	\$0.00	March	\$300.00	\$5,202.50
				April	\$350.00	\$4,852.50
				May	\$238.83	\$4,613.67
<b>Total</b>	<b>\$238.83</b>			June		\$4,613.67

# VETERANS AFFAIRS STATISTICS

July 2025-June 2026



	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	YEAR
<b>FACE TO FACE INTERVIEWS</b>													
Federal Assist	47	36	51	37	54	26	57	51	35	75	51		520
County Assist	1	0	1	0	1	1	1	3	0	2	0		10
<b>PHONE CALLS RECEIVED</b>													
Federal Assist	121	82	91	98	68	50	96	118	96	91	86		997
County Assist	1	5	3	1	1	0	1	3	0	1	1		17
Van Calls	25	29	26	23	8	15	24	9	24	36	12		231
VA Clinic Calls	0	1	0	0	1	1	1	0	0	0	1		5
<b>CORRESPONDENCE</b>													
Received	7	3	8	9	7	3	14	2	7	4	7		71
Sent	6	7	4	5	8	5	7	35	14	17	7		115
<b>VETS ASSISTED IN COMPLETING FORMS</b>													
	47	36	51	37	54	26	57	51	35	75	51		520
<b>GRAVE REGISTRATION FORMS TO STATE</b>													
	1	3	1	1	0	0	1	0	1	1	0		9

May 26, 2026

The Des Moines County Board of Supervisors met in a regular session at the Court House in Burlington at 9:00 AM on Tuesday, May 26<sup>th</sup>, 2026, with Chair Shane McCampbell, Vice Chair Tom Broeker and Member Jim Cary present. The 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 Auditor's Office is open this coming Saturday, May 30<sup>th</sup>, from 8:00 am – 4:00 pm for absentee voting. Monday, June 1<sup>st</sup> is the final day to vote absentee in the Auditor's Office. Voting at your polling location will take place on Tuesday, June 2<sup>nd</sup>. Public Testing of the election equipment will take place tomorrow at 9:30 am in the Board of Supervisors meeting room on the second floor of the courthouse. PEO Training will also be held in the Board of Supervisors meeting room on May 28<sup>th</sup> at 10:00 am. Local Health Director Christa Poggemiller reported she had a Board of Health meeting last week and they discussed radon. Conservation Director Chris Lee reported Big Hollow was full for the Memorial Day weekend and things went well. Summer camps will begin in a couple of weeks at the Starrs Cave Nature Center, as Field Trips wrap up this week. Veterans Affairs Director Brooke Marland was present. County Treasurer Janelle Nalley-Londquist stated her office is busy and she has an item on the agenda. IT Director Brandon Mehmert reported his office is busy. The ITAG Conference is next week in Des Moines and him, and Stuart will be out of the office for that. Emergency Management Director Shannon Prado is working on several grant opportunities. Assistant Land Use Administrator Jarred Lassiter addressed a FEMA letter that Cary received in the mail. Sheriff Kevin Glendening reported the jail is at 90 adults.

Approval of Payroll Reimbursement Claims in the amount of \$1,197.85 was presented. Cary made a motion to approve and was seconded by Broeker.

Approval of Accounts Payable Claim in the amount of \$59,876.34 for an Emergency Management Grant Opportunity was presented. Broeker spoke on this and motioned to approve and Cary seconded.

Approval of an Amended List of Depositories was presented. Broeker made a motion to approve and was seconded by Cary.

Approval of a Fireworks Permit for the Sperry Fireworks Show on 7/3/26 was presented. Cary made a motion to approve and was seconded by Broeker.

Approval of a Cost Advisory Services, Inc. Contract was presented. Broeker spoke on this and motioned to approve and Cary seconded.

Approval of an RFP for Veterans Affairs Coffee & Conversation was presented. Cary made a motion to approve and was seconded by Broeker.

Approval of Personnel Actions was presented. County Attorney – Benjamin Toal, Assistant County Attorney, New Hire, \$75,718.00 yearly effective 6/1; Mandi Spencer, Administrative Assistant, 6-month step increase, new rate of \$53,947 yearly effective 4/27. Broeker made a motion to approve both personnel actions and was seconded by Cary.

Cary made a motion to approve May 19<sup>th</sup>, 2026, regular meeting minutes and was seconded by Broeker.

McCampbell attended a E911, Community Action, and Workforce Development meeting. Broeker attended an E911 meeting.

During public input, Veterans Affairs Director Brooke Marland mentioned that she will not be here for the next two meetings due to a meeting out of town and taking vacation. Tracey Lamm with TheHawkEye questioned the Board regarding the Data Center moratorium and if there is an ordinance in place to stop the permit process.

The meeting was adjourned at 9:37 a.m.

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

Shane McCampbell, Chair

Attest: Sara Doty, County Auditor