

RESOLUTION NO. _____

**A RESOLUTION OF THE CITY COMMISSION OF THE
CITY OF KEY WEST, FLORIDA, APPROVING THE CITY
MANAGER PERFORMANCE EVALUATION; PROVIDING FOR
AN EFFECTIVE DATE**

WHEREAS, the Manager is subject to periodic review by the City
Commission;

NOW THEREFORE BE IT RESOLVED BY THE CITY COMMISSION OF THE
CITY OF KEY WEST, FLORIDA, AS FOLLOWS:

Section 1: That the attached City Manager Performance
Evaluation of City Manager Jim Scholl is hereby approved.

Section 2: That this Resolution shall go into effect
immediately upon its passage and adoption and authentication by the
signature of the presiding officer and the Clerk of the Commission.

Passed and adopted by the City Commission at a meeting held
this _____ day of _____, 2011.

Authenticated by the presiding officer and Clerk of the
Commission on _____, 2011.

Filed with the Clerk _____, 2011.

CRAIG CATES, MAYOR

ATTEST:

CHERYL SMITH, CITY CLERK