



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Human Resources - Labor Relations  
FILE NUMBER: Human Resources - Labor Relations-  
0044

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**\* RE:**  
Submitting report related to: DPCOA Drop Program

**\* SUMMARY:**  
Extension of Drop Program

**\* RECOMMENDATION:**  
DPCOA - Extension of Drop Program

**\* DEPARTMENTAL CONTACT:**  
Name: Shelia Harrison  
Position: Executive Admin Assistant

**\*=REQUIRED**