



## DEPARTMENTAL SUBMISSION

DEPARTMENT: Human Resources - Administration  
FILE NUMBER: Human Resources - Administration -  
0010

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**\* RE:**

Submitting report related to: 2024 -2027 City of Detroit and Emergency Medical Services Officers Association Labor Agreement

**\* SUMMARY:**

Implementation of 2024-2027 Labor Agreement between City of Detroit and Emergency Medical Services Officers

**\* RECOMMENDATION:**

Approval of Implementation of 2024 Labor Agreement between City of Detroit and Emergency Medical Services Officers Association

**\* DEPARTMENTAL CONTACT:**

Name: Shelia Harrison  
Position: Executive Admin Assistant

**\*=REQUIRED**