



City of Milwaukee Fiscal Impact Statement

A

Date July 11, 2014 **File Number** 140442

Subject Classification and pay recommendations approved by the City Service Commission on June 24, 2014.

B

Submitted By Sarah Trotter, Human Resources Representative
(Name/Title/Dept./Ext.) Dept. of Employee Relations/X2398.

C

- This File**
- ☒ Increases or decreases previously authorized expenditures.
 - ☐ Suspends expenditure authority.
 - ☐ Increases or decreases city services.
 - ☐ Authorizes a department to administer a program affecting the city's fiscal liability.
 - ☐ Increases or decreases revenue.
 - ☒ Requests an amendment to the salary or positions ordinance.
 - ☐ Authorizes borrowing and related debt service.
 - ☐ Authorizes contingent borrowing (authority only).
 - ☐ Authorizes the expenditure of funds not authorized in adopted City Budget.

D

- This Note**
- ☐ Was requested by committee chair.

E

- Charge To**
- ☒ Department Account
 - ☐ Capital Projects Fund
 - ☐ Debt Service
 - ☐ Other (Specify) _____
 - ☐ Contingent Fund
 - ☐ Special Purpose Accounts
 - ☐ Grant & Aid Accounts

F

Assumptions used in arriving at fiscal estimate.

G

Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		See attached spreadsheet.	
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS			

H

For expenditures and revenues which will occur on an annual basis over several years check the appropriate box below and then list each item and dollar amount separately.

☐ 1-3 Years ☐ 3-5 Years

☐ 1-3 Years ☐ 3-5 Years

☐ 1-3 Years ☐ 3-5 Years

I

List any costs not included in Sections E and F above.

J

Additional information.

Department of Employee Relations
Fiscal Note Spreadsheet

Finance and Personnel Committee Meeting of July 16, 2014
City Service Commission Meeting of June 24, 2014

NEW COSTS FOR 2014										
No. Pos.	Dept	From	PR	To	PR	Present Annual	New Annual	New Cost	Rollup	Total Rollup+ Sal
1	Health	Public Health Nurse Supervisor	1DX	Nursing Practice Manager	1DX	N/A	N/A	N/A Title Change Only		
1								\$0	\$0	\$0

Assume effective date is Pay Period 18, 2014 (August 17, 2014).

NEW COSTS FOR FULL YEAR										
No. Pos.	Dept	From	PR	To	PR	Present Annual	New Annual	New Cost	Rollup	Total Rollup+ Sal
1	Health	Public Health Nurse Supervisor	1DX	Nursing Practice Manager	1DX	N/A	N/A	N/A Title Change Only		
1								\$0	\$0	\$0