



City of Milwaukee Fiscal Impact Statement

| A | |
|-------------|--|
| Date | 10/07/14 |
| File Number | 140851 |
| Subject | Classification and pay recommendations approved by the City Service Commission on October 7, 2014. |

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

| C | |
|-----------|---|
| This File | <input checked="" type="checkbox"/> Increases or decreases previously authorized expenditures. |
| | <input type="checkbox"/> Suspends expenditure authority. |
| | <input type="checkbox"/> Increases or decreases city services. |
| | <input type="checkbox"/> Authorizes a department to administer a program affecting the city's fiscal liability. |
| | <input type="checkbox"/> Increases or decreases revenue. |
| | <input checked="" type="checkbox"/> Requests an amendment to the salary or positions ordinance. |
| | <input type="checkbox"/> Authorizes borrowing and related debt service. |
| | <input type="checkbox"/> Authorizes contingent borrowing (authority only). |
| | <input type="checkbox"/> Authorizes the expenditure of funds not authorized in adopted City Budget. |

| D | |
|-----------|--|
| This Note | <input type="checkbox"/> Was requested by committee chair. |

| E | | |
|-----------|--|---|
| Charge To | <input checked="" type="checkbox"/> Department Account | <input type="checkbox"/> Contingent Fund |
| | <input type="checkbox"/> Capital Projects Fund | <input type="checkbox"/> Special Purpose Accounts |
| | <input type="checkbox"/> Debt Service | <input type="checkbox"/> Grant & Aid Accounts |
| | <input type="checkbox"/> Other (Specify) | |
| | | |

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 October 8, 2014
City Service Commission Meeting of October 7, 2014

NEW COSTS FOR 2014

| No. Pos. | Dept | From | PR | To | PR | Present Annual | New Annual | New Cost | Rollup | Total Rollup+ Sal |
|-------------|--------|---------------------------------|-----|----------------------------------|-----|-------------------|---------------|-------------|-------------------------|----------------------|
| 1 | Health | Communicable Disease Specialist | 2AN | Comm Disease Spec (Add \$45/PP)* | 2AN | N/A | N/A | N/A | Included in 2014 Budget | |
| 1 | | | | | | | | \$0 | \$0 | \$0 |

Assume effective date is Pay Period 1 (December 23, 2013)

NEW COSTS FOR FULL YEAR

| No. Pos. | Dept | From | PR | To | PR | Present Annual | New Annual | New Cost | Rollup | Total Rollup+ Sal |
|-------------|--------|---------------------------------|-----|---------------------------------|-----|-------------------|---------------|-------------|-------------------------|----------------------|
| 1 | Health | Communicable Disease Specialist | 2AN | Comm Disease Spec (Add \$45/PP) | 2AN | N/A | N/A | N/A | Included in 2014 Budget | |
| 1 | | | | | | | | \$0 | \$0 | \$0 |