



City of Milwaukee Fiscal Impact Statement

A	Date <u>2/4/2026</u>	File Number <u>251693</u>	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
	Subject <u>Communication - Amendment of Position Ordinance</u>			

B	Submitted By (Name/Title/Dept./Ext.) <u>Mason Lavey/Budget & Fiscal Policy Manager - Dept. of Administration</u>
---	--

C	This File	<input 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	Charge To	<input type="checkbox"/> Department Account <input type="checkbox"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input checked="" type="checkbox"/> Other (Specify) <u>Position Ordinance</u>	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input type="checkbox"/> Grant & Aid Accounts
---	-----------	---	--

E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages	Salary impact in 2026	\$0.00	\$0.00
		Fringe Benefit 2026	\$0.00	\$0.00
	Supplies/Materials		\$0.00	\$0.00
			\$0.00	\$0.00
	Equipment		\$0.00	\$0.00
			\$0.00	\$0.00
	Services		\$0.00	\$0.00
			\$0.00	\$0.00
	Other		\$0.00	\$0.00
TOTALS			\$ 0.00	\$ 0.00

F**Assumptions used in arriving at fiscal estimate.**

Department is reducing an Equipment Operator 3 in favor of a Program Assistant II - these salaries offset and do not have a budget impact.

G

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

H**List any costs not included in Sections D and E above.**

I**Additional information.**

J

This Note Was requested by committee chair.