



# City of Milwaukee Fiscal Impact Statement

## A

<b>Date</b>	3/16/17	<b>File Number</b>	161581
<b>Subject</b>	Classification and pay recommendations approved by the City Service Commission on March 7, 2017		

## B

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

<b>This File</b>	<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.
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## D

<b>This Note</b>	<input type="checkbox"/> Was requested by committee chair.
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## E

<b>Charge To</b>	<input checked="" type="checkbox"/> Department Account <span style="margin-left: 200px;"><input type="checkbox"/> Contingent Fund</span>
	<input type="checkbox"/> Capital Projects Fund <span style="margin-left: 200px;"><input type="checkbox"/> Special Purpose Accounts</span>
	<input type="checkbox"/> Debt Service <span style="margin-left: 200px;"><input type="checkbox"/> Grant &amp; Aid Accounts</span>
	<input type="checkbox"/> Other (Specify) _____

**F**

Assumptions used in arriving at fiscal estimate.

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**G**

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

**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

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**I**

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

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**J**

Additional information.

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Department of Employee Relations  
Fiscal Note Spreadsheet

Finance and Personnel Committee Meeting of March 22, 2017  
City Service Commission Meeting of March 7, 2017

NEW COST FOR 2017

No. Pos.	Dept	From	PR	To	PR	Present Annual	New Annual	New Cost	Rollup	Total Rollup+ Sal
1	Neighborhood Services	District Code Enforcement Supervisor	1EX	Administrative Services Supervisor	1BX	N/A	N/A	N/A	Included in 2017 Budget	
1								\$0	\$0	\$0

Assume effective date is Pay Period 1, 2017 (January 1, 2017).

COSTS FOR FULL YEAR

No. Pos.	Dept	From	PR	To	PR	Present Annual	New Annual	New Cost	Rollup	Total Rollup+ Sal
1	Neighborhood Services	District Code Enforcement Supervisor	1EX	Administrative Services Supervisor	1BX	N/A	N/A	N/A	Included in 2017 Budget	
1								\$0	\$0	\$0