



City of Milwaukee Fiscal Impact Statement

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| A | Date <u>2/20/2023</u> File Number <u>221153</u> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute |
| | Subject <u>A substitute ordinance relating to employee wages, benefits, and regulations.</u> |

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| B | Submitted By (Name/Title/Dept./Ext.) <u>Nicole Fleck, Labor Negotiator, DER, x3371</u> |
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| 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 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 | 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) _____ |

| E | Purpose | Specify Type/Use | Expenditure | Revenue |
|---|---------------------------|------------------|----------------|----------------|
| | Salaries/Wages | | \$0.00 | \$0.00 |
| | | | \$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 |
| | | | \$0.00 | \$0.00 |
| | TOTALS | | \$ 0.00 | \$ 0.00 |

F

Assumptions used in arriving at fiscal estimate. _____

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.

This change should have very minimal effect on cost, if any, as the salary of a public official will not be changed based on an increased amount of vacation accrual.

JThis Note Was requested by committee chair.