



City of Milwaukee Fiscal Impact Statement

A **Date** 7/20/2018 **File Number** 180501 **Original** **Substitute**
Subject An ordinance relating to various provisions affecting employee benefits.

B **Submitted By (Name/Title/Dept./Ext.)** Nicole Fleck/Labor Negotiator/DER/3371

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 **Charge To**

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

	Purpose	Specify Type/Use	Expenditure	Revenue
E	Salaries/Wages	Overtime DPW	\$9,095.00	\$0.00
		Overtime MWW	\$1,000.00	\$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	DPW Floating Holiday	\$0.00	\$17,892.00
			\$0.00	\$0.00
	TOTALS		\$10,095.00	\$17,892.00

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.

There may be a very minimal fiscal impact made by the changes to the vacaiton language or the language regarding the use of paid time to attend medical, dental, city work place clinic appointments, or the annual health appraisal.

J

This Note Was requested by committee chair.