



# City of Milwaukee Fiscal Impact Statement

A	
Date	3/21/16
File Number	151660
Subject	Classification and pay recommendations approved by the City Service Commission on March 8, 2016.

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"/> Capital Projects Fund <input type="checkbox"/> Debt Service <input type="checkbox"/> Other (Specify) _____
	<input type="checkbox"/> Contingent Fund <input type="checkbox"/> Special Purpose Accounts <input type="checkbox"/> Grant & Aid Accounts

**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			
<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    \_\_\_\_\_

**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 March 23, 2016

City Service Commission Meeting of March 8, 2016

NEW COSTS FOR 2016

No.						Present	New	New		Total
Pos.	Dept	From	PR	To	PR	Annual	Annual	Cost	Rollup	Rollup+ Sal
8	Health	Communicable Disease Specialist	2AN	Disease Intervention Specialist	2AN	N/A	N/A	N/A	Title Change Only	
8										

Assume effective date is Pay Period 10, 2016 (April 24, 2016)

COSTS FOR FULL YEAR

No.						Present	New	New		Total
Pos.	Dept	From	PR	To	PR	Annual	Annual	Cost	Rollup	Rollup+ Sal
8	Health	Communicable Disease Specialist	2AN	Disease Intervention Specialist	2AN	N/A	N/A	N/A	Title Change Only	
8										