



City of Milwaukee Fiscal Impact Statement

A	Date <u>1/9/2026</u> File Number <u>251579</u> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Substitute
	Subject <u>Communication from the Department of Employee Relations relating to an amendment to the Salary Ordinance to increase the residency incentive from 3% to 4%.</u>

B	Submitted By (Name/Title/Dept./Ext.) <u>Bryan J. Rynders, Budget & Fiscal Policy Operations Manager, DOA-Budget, x8524</u>
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C	This File <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <li style="width: 50%;"><input checked="" type="checkbox"/> Department Account <li style="width: 50%;"><input type="checkbox"/> Contingent Fund <li style="width: 50%;"><input type="checkbox"/> Capital Projects Fund <li style="width: 50%;"><input type="checkbox"/> Special Purpose Accounts <li style="width: 50%;"><input type="checkbox"/> Debt Service <li style="width: 50%;"><input type="checkbox"/> Grant & Aid Accounts <li style="width: 50%;"><input type="checkbox"/> Other (Specify) _____
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	Purpose	Specify Type/Use	Expenditure	Revenue	
E	Salaries/Wages	Salaries	\$1,800,000.00	\$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			\$1,800,000.00	\$ 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. _____

JThis Note Was requested by committee chair.