



# City of Milwaukee Fiscal Impact Statement

	Date	12/15/2025	File Number	251482	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Substitute
A	Subject	Communication from the Department of Employee Relations relating to an amendment to the Salary Ordinance to permit a 3% wage adjustment for eligible non-represented City employees				

B	Submitted By (Name/Title/Dept./Ext.)	Bryan J Rynders, Budget & Fiscal Policy Operations Manager, DOA-Budget, x8524
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	This File	<input 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.
C		

D	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
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E	Purpose	Specify Type/Use	Expenditure	Revenue
	Salaries/Wages		\$6,935,754.00	\$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
	TOTALS		\$6,935,754.00	\$ 0.00

F	Assumptions used in arriving at fiscal estimate. _____
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.	
G	<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years _____
	<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years _____
	<input type="checkbox"/> 1-3 Years <input type="checkbox"/> 3-5 Years _____
H	List any costs not included in Sections D and E above. _____
I	Additional information. _____
J	This Note <input type="checkbox"/> Was requested by committee chair.