



# City of Milwaukee Fiscal Impact Statement

## A

**Date** 11/12/13 **File Number** 130960

**Subject** Classification and pay recommendations approved by the City Service Commission November 5, 2013.

## B

**Submitted By** Sarah Trotter, Human Resources Representative  
(Name/Title/Dept./Ext.) Dept. of Employee Relations/X2398.

## 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

**This Note**  Was requested by committee chair.

## E

**Charge To**

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

## F

Assumptions used in arriving at fiscal estimate.

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<b>G</b>			
Purpose	Specify Type/Use	Expenditure	Revenue
<b>Salaries/Wages</b>	Classification and Pay recommendations.	See the attached spreadsheet.	
<b>Supplies/Materials</b>			
<b>Equipment</b>			
<b>Services</b>			
<b>Other</b>			
<b>TOTALS</b>			

<b>H</b>	
<p>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.</p>	
<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	_____

<b>I</b>
<p>List any costs not included in Sections E and F above.</p> <hr/>

<b>J</b>
<p>Additional information.</p> <hr/>

Department of Employee Relations  
Fiscal Note Spreadsheet

Finance & Personnel Committee Meeting of November 21, 2013  
City Service Commission Meeting of November 5, 2013

NEW COSTS FOR 2014

No. Pos.	Dept	From	PR	To	PR	Present Annual	New Annual	New Cost	Rollup	Total Rollup+ Sal
1	Health	Office Assistant III	6FN	Program Assistant I	5EN	\$38,026	\$40,100	\$2,074	\$424	\$2,498
1								\$2,074	\$424	\$2,498

Assume effective date is Pay Period 1, 2014 (December 22, 2013)

NEW COSTS FOR FULL YEAR

No. Pos.	Dept	From	PR	To	PR	Present Annual	New Annual	New Cost	Rollup	Total Rollup+ Sal
1	Health	Office Assistant III	6FN	Program Assistant I	5EN	\$38,026	\$40,100	\$2,074	\$424	\$2,498
1								\$2,074	\$424	\$2,498

Totals may not be to the exact dollar due to rounding.