

CITY OF MILWAUKEE FISCAL NOTE

A) Date: 11/20/03

File Number: _____
 Orig Fiscal Note Substitute

Subject: Salary Ordinance Amendment, Pay Range 666

B) Submitted By (name/title/dept/ext.): Elisabeth F. Schraith/Labor Relation Officer/Dept. of Employee Relations/X2358

C) Check One: Adoption of this file authorizes expenditures
 Adoption of this file does not authorize expenditures; further Common Council action needed. List anticipated costs in Section G below.
 Not applicable / no fiscal impact. (See Section H below.)

D) Charge to: Departmental Account (DA) Contingent Fund (CF)
 Capital Projects Fund (CPF) Special Purpose Accounts (SPA)
 Perm. Improvement Funds (PIF) Grant & Aid Accounts (G & AA)
 Other (Specify)

| E) Purpose | Specify Type/Use | Account | Expenditure | Revenue | Savings |
|-----------------|------------------|---------|-------------|---------|---------|
| Salaries/Wages: | | | 90 | | |
| Pension/FICA | | | 12 | | |
| Supplies: | | | | | |
| Materials: | | | | | |
| New Equipment: | | | | | |
| : | | | | | |
| Totals | | | 102 | | |

F) 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**.

| | | |
|------------------------------------|---|--|
| <input type="checkbox"/> 1-3 Years | <input checked="" type="checkbox"/> 3-5 Years | \$1,323.86 will recur on an annual basis. |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 3-5 Years | |

G) List any anticipated future costs this project will require for completion:

H) Computations used in arriving at fiscal estimate:
 Based on 1 nurse assigned to this job.

Please list any comments on reverse side and check here