



# City of Milwaukee Fiscal Impact Statement

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|----------|--|
| <b>A</b> | <b>Date</b> <u>5/25/2022</u> <b>File Number</b> <u>220100</u> <input checked="" type="checkbox"/> <b>Original</b> <input type="checkbox"/> <b>Substitute</b>                     |
|          | <b>Subject</b> <u>Communication from the Department of Employee Relations relating to classification studies scheduled for the May 24, 2022 City Service Commission meeting.</u> |

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| <b>B</b> | <b>Submitted By (Name/Title/Dept./Ext.)</b> <u>Sarah Trotter / Human Resources Representative / Employee Relations / x2398</u> |
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|          |  |  |
|----------|--|--|
| <b>C</b> | <b>This File</b>   | <input checked="" type="checkbox"/> <b>Increases or decreases previously authorized expenditures.</b>                  |
|          |  | <input type="checkbox"/> <b>Suspends expenditure authority.</b>  |
|          |  | <input type="checkbox"/> <b>Increases or decreases city services.</b>  |
|          |  | <input type="checkbox"/> <b>Authorizes a department to administer a program affecting the city's fiscal liability.</b> |
|          |  | <input type="checkbox"/> <b>Increases or decreases revenue.</b>  |
|          |  | <input checked="" type="checkbox"/> <b>Requests an amendment to the salary or positions ordinance.</b>                 |
|          |  | <input type="checkbox"/> <b>Authorizes borrowing and related debt service.</b>   |
|          |  | <input type="checkbox"/> <b>Authorizes contingent borrowing (authority only).</b>                                      |
|          | <input type="checkbox"/> <b>Authorizes the expenditure of funds not authorized in adopted City Budget.</b> |  |

|          |                  |   |  |
|----------|------------------|---|--|
| <b>D</b> | <b>Charge To</b> | <input checked="" type="checkbox"/> <b>Department Account</b> | <input type="checkbox"/> <b>Contingent Fund</b>          |
|          |                  | <input type="checkbox"/> <b>Capital Projects Fund</b>         | <input type="checkbox"/> <b>Special Purpose Accounts</b> |
|          |                  | <input type="checkbox"/> <b>Debt Service</b>                  | <input type="checkbox"/> <b>Grant &amp; Aid Accounts</b> |
|          |                  | <input type="checkbox"/> <b>Other (Specify) _____</b>         |  |

| Purpose            | Specify Type/Use | Expenditure    | Revenue        |
|--------------------|------------------|----------------|----------------|
| Salaries/Wages     |                  | \$0.00         | \$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         |
| <b>TOTALS</b>      |                  | <b>\$ 0.00</b> | <b>\$ 0.00</b> |

**F**

Assumptions used in arriving at fiscal estimate. Please see attached spreadsheet.

**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. \_\_\_\_\_

**J**

This Note     Was requested by committee chair.