

## **City of Milwaukee Fiscal Impact Statement**

		All A		
Date	July 11, 2014		File Number	140442
Subject	Classification and pay re June 24, 2014.	ecommendations appro	oved by the C	City Service Commission on
		grande grande de <b>B</b> osco		
Submitte	ad Du	Sarah Trotter, Huma	ın Resources	Representative
	itle/Dept./Ext.)	Dept. of Employee F	Relations/X23	98.
		6		
This File		eases previously aut	horized exp	enditures.
	Suspends expend	diture authority.		
	Increases or decr	eases city services.		
	Authorizes a departicular liability.	artment to administer	a program	affecting the city's fiscal
	☐ Increases or decr	eases revenue.		
	⊠ Requests an ame	ndment to the salary	or positions	s ordinance.
	Authorizes borro	wing and related debi	t service.	
	Authorizes contir	ngent borrowing (auth	nority only).	
	☐ Authorizes the ex	penditure of funds n	ot authorize	d in adopted City Budget.
This Note	☐ Was requested by	y committee chair.		
Charge To	□ Department Acco □		☐ Conti	ngent Fund
:	☐ Capital Projects F	und	☐ Specia	al Purpose Accounts
	☐ Debt Service		☐ Grant	& Aid Accounts
	Other (Specify)			

		G	
Purpose	Specify Type/Use	Expenditure	Revenue
Salaries/Wages		See attached spreadsheet.	
Supplies/Materials			
Equipment			
Services			
Other			
TOTALS			
		A .	
		occur on an annual basis ov ich item and dollar amount se	
☐ 1-3 Years ☐	3-5 Years	con tem and donar amount of	oparatory.
	3-5 Years		
<del>-</del>	3-5 Years		
ist any costs not in	ncluded in Sections E	and F above.	

## Department of Employee Relations Fiscal Note Spreadsheet

Finance and Personnel Committee Meeting of July 16, 2014 City Service Commission Meeting of June 24, 2014

			•			Present	New	New	Total
, D	ept	From	R	To	PR	Annual	Annual	Cost	PR Annual Annual Cost Rollup Rollup+ Sal
He	salth	Public Health Nurse Supervisor 1	1DX	Nursing Practice Manager	1DX	1DX N/A	A/N	N/A Title (	N/A N/A Title Change Only

Assume effective date is Pay Period 18, 2014 (August 17, 2014).

	Total	ı+ Sal		\$0
	£.	Cost Rollup Rollup+Sal	e Only	\$0
		Roll	N/A Title Change Only	0
	New	Cost	N/A Tit	\$
	New	Annual	N/A	
	Present	PR Annual ,	N/A	
		H.	1DX	
			3r	
NEW COSTS FOR FULL YEAR		To	Nursing Practice Manage	
Z		Ä	1DX	
		From	Public Health Nurse Supervisor	***
		Dept	Health	
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