DER-VERS (9/97) CC-170(REV.6/86)

## CITY OF MILWAUKEE FISCAL NOTE

| A) Date: April :  | 2, 2003   |   |               |                               | File Number: (            |              |  |  |  |  |
|---|---|---|---------------|-------------------------------|---------------------------|--------------|--|--|--|--|
|   |   |   |               |                               | Orig Fiscal Note <b>E</b> | Substitute L |  |  |  |  |
| Subject: <u>Reclassific</u>   | cation approved by the City S   | ervice Commission on Ap                       | ril 1, 2003   | · .                           | • .                       | · · ·        |  |  |  |  |
| B) Submitted By (na   | ame/title/dept/ext.): <u>Sarah T</u>  | Trotter, Human Resources                      | Representati  | ive/Dept. of Emp              | oloyee Relations/         | <u>X2398</u> |  |  |  |  |
| ·   | Adoption of this file author<br>Adoption of this file does n<br>needed. List anticipated cos<br>Not applicable / no fiscal in | ot authorize expenditures in Section G below. | ; further Com | mon Council ac                | ction                     |              |  |  |  |  |
|   |   |   | ·<br>:        |                               | •                         |              |  |  |  |  |
| D) Charge to:  Departmental Account (DA)  Capital Projects Fund (CF)  Perm. Improvement Funds (PIF)  Other (Specify)  Contingent Fund (CF)  Special Purpose Accounts (SPA)  Grant & Aid Accounts (G & AA) |   |   |               |                               |                           |              |  |  |  |  |
|   | Inches and the second   |   | la su         | l e                           |                           |              |  |  |  |  |
| E) Purpose  | Specify Ty  | ype/Use                                       | Account       | Expenditure                   | Revenue                   | Savings      |  |  |  |  |
| Salaries/Wages:   | Reclassification of one vac<br>Health Department.   | ant position in the                           |               | (See attached<br>spreadsheet) |                           |              |  |  |  |  |
|   | (See attached spreadsheet for det   | ails)   |               |                               |                           |              |  |  |  |  |
| Supplies:   |   |   |               |                               |                           | ·            |  |  |  |  |
| Materials:  |   |   |               |                               |                           |              |  |  |  |  |
| New Equip:  |   |   |               |                               |                           |              |  |  |  |  |
| Equip Repair:   |   |   |               |                               |                           | 1.1          |  |  |  |  |
| Rollups (.2045):  |   | C   |               |                               |                           |              |  |  |  |  |
| -   |   |   |               |                               |                           |              |  |  |  |  |
| Totals  |   | · · · · · · · · · · · · · · · · · · ·         |               |                               |                           | ·            |  |  |  |  |
|   | and revenues which will occur<br>lar amount separately.   | r on an annual basis over                     | several years | s check the appr              | opriate box below         | and then     |  |  |  |  |
| ☐ 1-3 Years   | ☐ 3-5 Years   |   |               |                               |                           |              |  |  |  |  |
| ☐ 1-3 Years   | ☐ 3-5 Years   |   | -             |                               |                           |              |  |  |  |  |
| ☐ 1-3 Years   | ☐ 3-5 Years   |   |               |                               |                           |              |  |  |  |  |
|   | <u> </u>  |   |               |                               |                           |              |  |  |  |  |
| G) List any anticipa  | ted future costs this project w   | vill require for completion                   | 1;            |                               |                           | ,            |  |  |  |  |
| H) Computations us  | sed in arriving at fiscal estima  | nte:  |               |                               |                           | · .          |  |  |  |  |
| (See attached spread  | isheet for details)   |   |               |                               |                           |              |  |  |  |  |

Please list any comments on reverse side or attachment and check here (See attached)

## **Department of Employee Relations**

## Fiscal Note Spreadsheet

Finance & Personnel Committee Meeting of April 9, 2003 City Service Commission Meeting of April 1, 2003

|      |        | · · · · · · · · · · · · · · · · · · · |       |                      |       |           |        |                       |        |             |
|------|--------|---------------------------------------|-------|----------------------|-------|-----------|--------|-----------------------|--------|-------------|
|      |        |                                       | NEV   | N COST FOR 2003      |       |           | **     |                       |        |             |
| No.  | •      |                                       |       |                      |       | Present . | New    |                       |        | Total       |
| Pos. | Dept   | From                                  | PR/SG | То                   | PR/SG | Annual    | Annual | New Cost              | Rollup | Rollup+ Sal |
| 1    | Health | Office Assistant II                   | 410   | Office Assistant III | 425   | N/A       | N/A    | Grant funded position |        |             |
| 1    |        |                                       |       |                      |       |           |        | \$0                   | \$0    | \$0         |

<sup>\*</sup>Assuming these changes are eff. PP 11 (May 11, 2003).

## PROJECTED NEW COST FOR FULL YEAR

| No.  |        |                     |       |                      |       | Present | New    |            |              | Total       |
|------|--------|---------------------|-------|----------------------|-------|---------|--------|------------|--------------|-------------|
| Pos. | Dept   | From                | PR/SG | . То                 | PR/SG | Annual  | Annual | New Cost   | Rollup       | Rollup+ Sal |
| 1    | Health | Office Assistant II | 410   | Office Assistant III | 425   | N/A     | N/A    | Grant fund | ded position |             |
| 1    |        |                     |       |                      |       |         |        | \$0        | \$0          | \$0         |
|      |        |                     | •     |                      |       |         |        |            |              |             |