

MILWAUKEE COUNTY FISCAL NOTE FORM

File No: 22-1158

DATE: November 1, 2022

Original Fiscal Note X

Substitute Fiscal Note

SUBJECT: A request by the Sheriff of Milwaukee County to grant a leave of absence to an employee currently in a classified service position to assume an unclassified service position in accordance with Milwaukee County General Ordinances Chapter 17.93 (1) and (2).

FISCAL EFFECT:

- X No Direct County Fiscal Impact Increase Capital Expenditures
- Existing Staff Time Required Decrease Capital Expenditures
- Increase Operating Expenditures (If checked, check one of two boxes below) Increase Capital Revenues
- Absorbed Within Agency's Budget Decrease Capital Revenues
- Not Absorbed Within Agency's Budget
- Decrease Operating Expenditures Use of contingent funds
- Increase Operating Revenues
- Decrease Operating Revenues

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year 2022	Subsequent Year
Operating Budget	Expenditure	\$0	
	Revenue	\$0	
	Net Cost	\$0	
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

The Sheriff of Milwaukee County is requesting to grant a leave of absence to an employee currently in a classified service position to assume a position in the unclassified service in accordance with County Ordinance Chapter 17-193 (1) and (2). There is no fiscal effect to this action.

Department/Prepared By Patricia A. Carravetta, Public Safety Fiscal Administrator

Authorized Signature Pat Carravetta 11/14/2022

Did DAS-Fiscal Staff Review? Yes No

Did CDBP Review?² Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.

Certificate Of Completion

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Enveloped Stamping: Disabled	Pat Carravetta
Time Zone: (UTC-06:00) Central Time (US & Canada)	633 W. Wisconsin Ave.
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Signature	Timestamp
Pat Carravetta patricia.carravetta@milwaukeecountywi.gov Public Safety Fiscal Administrator Milwaukee County Security Level: Email, Account Authentication (None)	Sent: 11/14/2022 8:31:02 AM Viewed: 11/14/2022 8:31:09 AM Signed: 11/14/2022 8:31:27 AM Freeform Signing
Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3	

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Editor Delivery Events

Status	Timestamp
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Agent Delivery Events

Status	Timestamp
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Intermediary Delivery Events

Status	Timestamp
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Certified Delivery Events

Status	Timestamp
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Carbon Copy Events

Status	Timestamp
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Witness Events

Signature	Timestamp
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Notary Events

Signature	Timestamp
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Envelope Summary Events

Status	Timestamps
Envelope Sent	Hashed/Encrypted 11/14/2022 8:31:02 AM
Certified Delivered	Security Checked 11/14/2022 8:31:09 AM
Signing Complete	Security Checked 11/14/2022 8:31:27 AM
Completed	Security Checked 11/14/2022 8:31:27 AM

Payment Events

Status	Timestamps
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