MILWAUKEE COUNTY FISCAL NOTE FORM

File No: 22-1075

DATE: November 23, 2022

Original Fiscal Note   X

Substitute Fiscal Note   ☐

SUBJECT: A request by the Sheriff of Milwaukee County to grant a continued leave of absence from the classified position of Deputy Sheriff Captain to an employee currently in the unclassified service position of Deputy Sheriff Director (working title Inspector) to assume another unclassified service position of Administrator Fac (working title Chief Deputy) in accordance with County Ordinance Chapter 17-193 (1) and (2).

FISCAL EFFECT:

X   No Direct County Fiscal Impact

     ☐   Existing Staff Time Required

☐   Increase Operating Expenditures
(If checked, check one of two boxes below)

     ☐   Absorbed Within Agency's Budget

     ☐   Not Absorbed Within Agency's Budget

☐   Decrease Operating Expenditures

☐   Increase Operating Revenues

☐   Decrease Operating Revenues

☐   Increase Capital Expenditures

☐   Decrease Capital Expenditures

☐   Increase Capital Revenues

☐   Decrease Capital Revenues

☐   Use of contingent funds

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 continued leave of absence from the classified position of Deputy Sheriff Captain to an employee currently in the unclassified service position of Deputy Sheriff Director (working title Inspector) to assume another unclassified service position of Administrator Fac (working title Chief Deputy) 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 _Patricia A. Carravetta_   11/23/2022

Did DAS-Fiscal Staff Review?   ☐ Yes   X No

Did CBDP Review?[2]   ☐ Yes   ☐ No   X Not Required

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[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

Envelope Id: 673192785FCA4415855A8DB3A04D11DC   Status: Completed
Subject: Complete with DocuSign: 22-1075 FISCAL NOTE REVISED 11-23-22.docx
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Certificate Pages: 1	Initials: 0	Pat Carravetta
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Patricia A. Carravetta patricia.carravetta@milwaukeecountywi.gov Public Safety Fiscal Administrator Milwaukee County Security Level: Email, Account Authentication (None)	*Patricia A. Carravetta* Signature Adoption: Pre-selected Style Using IP Address: 204.194.251.3	Sent: 11/23/2022 12:40:50 PM Viewed: 11/23/2022 12:40:56 PM Signed: 11/23/2022 12:41:44 PM Freeform Signing

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Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	11/23/2022 12:40:50 PM
Certified Delivered	Security Checked	11/23/2022 12:40:56 PM
Signing Complete	Security Checked	11/23/2022 12:41:44 PM
Completed	Security Checked	11/23/2022 12:41:44 PM

Payment Events	Status	Timestamps