

**MILWAUKEE COUNTY FISCAL NOTE FORM**

DATE: 05/27/2014

Original Fiscal Note   X  

Substitute Fiscal Note     

**SUBJECT:** Request for an extension of Temporary Assignments for Ms. Anita Kent and Ms. Monika Mangione be approved until permanent assignments can be made.

**FISCAL EFFECT:**

- |  |  |
|--|--|
| <input type="checkbox"/> No Direct County Fiscal Impact  | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required                                       | <input type="checkbox"/> Decrease Capital Expenditures |
| <input type="checkbox"/> Increase Operating Expenditures<br>(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues     |
| <input type="checkbox"/> Absorbed Within Agency's Budget   | <input type="checkbox"/> Decrease Capital Revenues     |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget   |  |
| <input checked="" type="checkbox"/> Decrease Operating Expenditures                                    | <input type="checkbox"/> Use of contingent funds       |
| <input type="checkbox"/> Increase Operating Revenues   |  |
| <input type="checkbox"/> 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 | Subsequent Year |
|-----------------------------------|---------------------------------|--------------|-----------------|
| <b>Operating Budget</b>           | Expenditure                     | (\$30,834)   | \$0             |
|                                   | Revenue                         | \$0          | \$0             |
|                                   | Net Cost                        | (\$30,834)   | \$0             |
| <b>Capital Improvement Budget</b> | Expenditure                     | \$0          | \$0             |
|                                   | Revenue                         | \$0          | \$0             |
|                                   | Net Cost                        | \$0          | \$0             |

**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. 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.
  - A. Approval of Temporary Assignments to a Higher Classification (TAHC) for Ms. Anita Kent and Ms. Monika Mangione to Fiscal 1 and Fiscal 2 positions, respectively, until permanent assignments are made.
  - B. While the TAHC rate for Ms. Kent is slightly higher than her current hourly rate as a Distribution Assistant, the Fiscal 1 position she is filling due to retirement was in the budget at a "red-circled" higher rate; overall, there is a small net savings. The salary and benefit costs associated with the Fiscal 2 position that Ms. Mangione is filling was approved by the Board. Therefore, there is no budget impact to report for her TAHC either. In fact, we are savings some from their "vacated" Distribution Assistant and Fiscal 1 positions, respectively. Note: We have had to develop a rotation of existing staff to perform the Distribution Assistant and Fiscal 1 duties as fully as possible in this interim period.

C. There are interim savings due to staff rotation to complete "vacated" Distribution Assistant and Fiscal 1 assignment duties.

D. Savings are calculated using an assumption that both the positions will be permanently filled approximately 100 days from now.

Department/Prepared By Gene Jackson  
Authorized Signature Michael H. Hermann

|                              |     |           |                     |
|------------------------------|-----|-----------|---------------------|
| Did DAS-Fiscal Staff Review? | Yes | <u>No</u> |                     |
| Did CDBP Review?             | Yes | No        | <u>Not Required</u> |