

**GENERAL FACT SHEET**

**BILL NUMBER** 10-101

BRIEF TITLE	APPROVAL DEADLINE	REASON
Pension N		

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>Adopting an amended and restated version of the City of Lincoln Employees' Retirement Plan and Trust to provide that the employer contribution for employees hired in positions and pay ranges prefixed by the letter "N" on or after September 1, 2010 will be an amount equal to 9% of an employee's compensation; and to further provide that the mandatory employee contribution for employees hired in positions and pay ranges prefixed by the letter "N" on or after September 1, 2010 will be in an amount equal to 7% of an employee's compensation.</p>	Sponsor	Mayor's Office
	Program Departments, or Groups Affected	Personnel Department Law Department
	Applicants/ Proponents	Applicant  City Department  Other
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	Groups or Individuals  Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

**DETAILS**

**POLICY/PROGRAM IMPACT**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES <hr/> <hr/> <hr/>
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	<hr/> <hr/> <hr/> <hr/>
	<b>FINANCES</b>	
	<b>COST AND REVENUE PROJECTIONS</b>	COST of total project: \$ _____
		COST of this Ordinance/ Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
<b>SOURCE OF FUNDS</b>	CITY [Approximately]	
	\$ _____ %	
	\$ _____ %	
	\$ _____ %	
	NON CITY [Approximately]	
	\$ _____ %	
<b>BENEFIT COST</b>		
<input type="checkbox"/> Front Foot	Average Assessment	
<input type="checkbox"/> Square Foot	\$ _____ \$ _____	

APPLICABLE DATES:

FACT SHEET PREPARED BY:

REVIEW BY: Don Taute, Assistant City Attorney

REFERENCE NUMBER