

GENERAL FACT SHEET

BILL NUMBER 12-30

BRIEF TITLE	APPROVED DEADLINE	REASON
Creating Classifications		

DETAILS	POSITIONS/RECOMMENDATIONS													
Request for an ordinance amending the pay schedule for a certain employee group by creating the following classifications: <table border="1"> <thead> <tr> <th>CLASS CODE</th> <th>CLASS TITLE</th> <th>PROPOSED PAY RANGE</th> </tr> </thead> <tbody> <tr> <td>3031</td> <td>Firefighter Paramedic</td> <td>(F08) \$26.236 - \$32.873</td> </tr> <tr> <td>3032</td> <td>Firefighter</td> <td>(F09) \$22.718 - \$29.357</td> </tr> <tr> <td>3033</td> <td>Fire Apparatus Operator</td> <td>(F10) \$28.251 - \$31.753</td> </tr> </tbody> </table>	CLASS CODE	CLASS TITLE	PROPOSED PAY RANGE	3031	Firefighter Paramedic	(F08) \$26.236 - \$32.873	3032	Firefighter	(F09) \$22.718 - \$29.357	3033	Fire Apparatus Operator	(F10) \$28.251 - \$31.753	Sponsor	Personnel Department
	CLASS CODE	CLASS TITLE	PROPOSED PAY RANGE											
	3031	Firefighter Paramedic	(F08) \$26.236 - \$32.873											
	3032	Firefighter	(F09) \$22.718 - \$29.357											
3033	Fire Apparatus Operator	(F10) \$28.251 - \$31.753												
Program Departments, or Groups Affected	Lincoln Fire & Rescue													
Applicants/ Proponents	Applicant City Department Other													
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition												
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against												
	Board or Commission Recommendation	BY Personnel Board <input checked="" 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

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

APPLICABLE DATES: March 15, 2012

FACT SHEET PREPARED BY: Doug McDaniel

REVIEW BY:

REFERENCE NUMBER