

**GENERAL FACT SHEET**

12-132

**BILL NUMBER**

**BRIEF TITLE**

**APPROVAL DEADLINE**

**REASON**

Amending 'E' Pay Plan

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>Request for an ordinance amending the pay schedule for a certain employee group by adjusting the hourly pay range schedule and schedules of annual, monthly, biweekly, and hourly pay range equivalents for employees of the City of Lincoln whose classifications are assigned to pay ranges prefixed by 'E'. Such pay schedule reflects a pay increase of 2.00% for 'E' pay ranges.</p> <p>The effective date for 'E' pay ranges will be August 16, 2012.</p>	Sponsor	Personnel
	Program Departments, or Groups Affected	Various
	Applicants/ Proponents	<p>Applicant</p> <p>City Department</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p>	Opponents	<p>Groups or Individuals</p> <p>Basis of Opposition</p>
	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**

	<b>POLICY OR PROGRAM CHANGE</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____	
	<b>OPERATIONAL IMPACT ASSESSMENT</b>	_____ _____ _____	
	<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: September 20, 2012

FACT SHEET PREPARED BY: Doug McDaniel

REVIEW BY:

REFERENCE NUMBER