

**GENERAL FACT SHEET**

12-140

**BILL NUMBER**

**BRIEF TITLE**

**APPROVAL DEADLINE**

**REASON**

Amending Section of the  
Lincoln Municipal Code

**DETAILS**

**POSITIONS/RECOMMENDATIONS**

<p>Request for an ordinance to amend Section 2.76.380 of the Lincoln Municipal Code-Sick Leave with Pay</p> <p>Addition of Payout language for retirement, death, or reduction in force to coincide with language in 2012 LCEA Labor Contract.</p> <p>Addition of Payout language for resignation to coincide with language in 2012 LCEA Labor Contract, and for unrepresented 'E' pay ranges.</p>	Sponsor	Personnel
	Program Departments, or Groups Affected	All
	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 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: October 18, 2012

FACT SHEET PREPARED BY: Doug McDaniel

REVIEW BY:

REFERENCE NUMBER