

LEGISLATIVE FACT SHEET

DATE: June 29, 2012

BT OR RC NUMBER: _____
(Administration Bills)

SPONSOR (Department/Division/Agency/Council Member):
Employee Services Department

PURPOSE/SUMMARY:

Legislative approval of the ratified 10/01/2012 – 9/30/2015 collective bargaining agreement between the City of Jacksonville and the American Federation of State, County and Municipal Employees (AFSCME), Inc. for the citywide non-professional employees.

APPROPRIATION: Total Amount Appropriated: \$ _____ as follows:

(Name of Fund as it will appear in title of legislation) _____

Name of Federal Funding Source: _____ Amount: \$ _____

Name of State Funding Source: _____ Amount: \$ _____

Name of City of Jax Funding Source: _____ Amount: \$ _____

Name of In-Kind Contribution Source: _____ Amount: \$ _____

Name of Bond Acct _____ Amount: \$ _____ Number _____

IMPACT - FINANCIAL/OTHER:

The financial impact of the proposed agreement is within the parameters of anticipated budgets.

ACTION ITEMS:

Emergency?	Yes	No <u>X</u>	Justification:
Federal or State Mandates	Yes <u>X</u>	No _____	<u>Chapter 447 FS</u>
Fiscal Year Carryover?	Yes _____	No <u>X</u>	_____
CIP Amendment?	Yes _____	No <u>X</u>	(Attach CIP form)
Contract/Agreement (C/A) Approval	Yes <u>X</u>	No _____	(Attach a copy only)
C/A negotiations on-going?	Yes _____	No <u>X</u>	
Oversight Department Required?	Yes _____	No <u>X</u>	Name of Dept. _____
Related RC? /BT?	Yes _____	No <u>X</u>	(Attach a copy)
Waiver of Code?	Yes _____	No <u>X</u>	(Identify Code Provision _____)
Code Exception?	Yes _____	No <u>X</u>	(Identify Code Provision _____)
Continuation Grant?	Yes _____	No <u>X</u>	
Surplus Property Certification?	Yes _____	No <u>X</u>	(Attach a copy)
Related Enacted Ordinances?	Yes _____	No <u>X</u>	Ord. # of Previous Ord. _____

Report Required to City Council/Council Auditors
Yes _____ No X Date _____ Frequency _____

ADMINISTRATION TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Division, Suite 325

cc: Chris Hand, Chief of Staff
Mayor's Office, Fourth Floor, City Hall at St. James

From: Maryanne Evans, Manager of Personnel Services, Employee Services Department
(Name, Job Title, Department)

Phone: 630-1309 Fax: 630-8369 E-mail: Mevans@coj.net

Contact Person: Maryanne Evans, Manager of Personnel Services, Employee Services Department
(Name, Job Title, Department)

Phone: 630-1309 Fax: 630-8369 E-mail: Mevans@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL
OFFICER TRANSMITTAL**

To: Steve Rohan (630-1672) or Peggy Sidman (630-4647), Office of General Counsel
Suite 480, City Hall at St. James

From: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Contact Person: _____
(Name, Job Title, Department)

Phone: _____ Fax: _____ E-mail: _____

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED