

LEGISLATIVE FACT SHEET

DATE: September 17, 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 Jacksonville Supervisors Association (JSA) for citywide professional supervisory bargaining unit employees and the non-professional supervisory bargaining unit 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> | Justification: Alignment with fiscal year |
| Federal or State Mandates | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | <u>Chapter 447 FS</u> |
| Fiscal Year Carryover? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | _____ |
| CIP Amendment? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (Attach CIP form) |
| Contract/Agreement (C/A) Approval | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | (Attach a copy only) |
| C/A negotiations on-going? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Oversight Department Required? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Name of Dept. _____ |
| Related RC? /BT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (Attach a copy) |
| Waiver of Code? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (Identify Code Provision _____) |
| Code Exception? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (Identify Code Provision _____) |
| Continuation Grant? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Surplus Property Certification? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | (Attach a copy) |
| Related Enacted Ordinances? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Ord. # of Previous Ord. _____ |
| Report Required to City Council/Council Auditors | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 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