

**FISCAL ESTIMATE WORKSHEET**

**2005 Session**

Detailed Estimate of Annual Fiscal Effect  
DOA-2047 (R10/94)

ORIGINAL       UPDATED  
 CORRECTED       SUPPLEMENTAL

LRB or Bill No./Adm. Rule No.  
DWD 129

Amendment No.

Subject  
Unemployment insurance benefit claiming procedures

**I. One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect):**

0

<b>II. Annualized Costs:</b>		<b>Annualized Fiscal impact on State funds from:</b>	
		<b>Increased Costs</b>	<b>Decreased Costs</b>
<b>A. State Costs by Category</b>			
State Operations - Salaries and Fringes		\$0	\$0 -
(FTE Position Changes)		0 ( FTE)	0
State Operations - Other Costs		0	-
Local Assistance		0	-
Aids to Individuals or Organizations		0	-
<b>TOTAL State Costs by Category</b>		<b>\$0</b>	<b>\$0</b>
<b>B. State Costs by Source of Funds</b>		<b>Increased Costs</b>	<b>Decreased Costs</b>
GPR		\$0	\$0-
FED		0	0
PRO/PRS		0	-
SEG/SEG-S		0	-
<b>III. State Revenues -</b> Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		<b>Increased Rev.</b>	<b>Decreased Rev.</b>
GPR Taxes			\$ -
GPR Earned			-
FED			-
PRO/PRS			-
SEG/SEG-S			-
<b>TOTAL State Revenues</b>			<b>\$0-</b>

**NET ANNUALIZED FISCAL IMPACT**

	<u>STATE</u>	<u>LOCAL</u>
NET CHANGE IN COSTS	0	0
NET CHANGE IN REVENUES	0	0

Agency/Prepared by: (Name & Phone No.)  
Elaine Pridgen (608) 267-9403

Authorized Signature/Telephone No.

Date