				1999 Session	
	⊠ Original	Updated		II No Adm. Rule No.	
	Corrected	Supplemental	AB-593	LRB-3288/1	
ISCAL ESTIMATE 0A-2048 N(R10/94)			Amendm	ent No. if Applicable	-
ubject DUAL RIGHTS					
iscal Effect					,
State: No State Fiscal Effect Check columns below only if bill maker or affects a sum sufficient		ion	i	Costs - May be possible to Ab cy's Budget⊠ Yes ☐ No	osorb
☐ Increase Existing Appropriation	Increase Existing R	evenues	Decrease	Conto	
Decrease Existing Appropriation	-		Decrease	Costs	
Create New Appropriation	•				
			- `\		
Local: No local government costs	3. Increase F	Pavanuas	E Types of	Local Government Units Affective	nted.
1. Increase Costs Permissive Mandatory	· · · · —	ssive Mandatory			ctea
2. Decrease Costs	4. Decrease		∐ Towns	☐ Villages ☐ Cities	
Permissive Mandatory		ssive Mandatory	Counties	Others	
rennissive ivididatory			School Dis		
			l Ch. 20 Appropria 5 (1)(a)	tions:	
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GPR FED PRO sumptions Used in Arriving at Fiscal Estime State Costs for enforcing the law: This bill amends the Wisconsin Family and Current law covers employers of 50 or mo	Medical Leave Act t	to make employers who	employ 40 or mo Equal Rights Divis	ion received an average of 16	O case
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FISCAL ESTIMATE WORKSH	EET	1999 Session			
Detailed Estimate of Annual Fiscal Effect DOA-2047(R10/94)	Original Corrected	Updated Supplemental	LRB or Bill No./Adm Rule N AB-593 / LRB-3288/1	lo. Amendment No.	
Subject				· · · · · · · · · · · · · · · · · · ·	
EQUAL RIGHTS					
I. One-time Costs or Revenue Impa					
Informational brochures on the		blished by the Equal F	lights Division will need to	o be reprinted at an	
estimated cost of \$1,000 (GPR	runaea).	Annualized Fiscal Impact on State funds from:			
II. Annualized Costs:			Increased Costs	Decreased Costs	
A. State Costs by Category			ilicieaseu Costs	Decreased Costs	
State Operations - Salaries a	nd Fringes		\$0	- \$0	
(FTE Position Changes)			(FTE)	(- FTE)	
. State Countings Other Cou			\$0	- \$0	
State Operations - Other Cos	its		\$0	- 40	
Local Assistance			\$0	- \$0	
Aids to Individuals or Organiz	ations		\$0	- \$0	
TOTAL State Costs by	Category	\$0	- \$0		
B. State Costs by Source of Funds			Increased Costs	Decreased Costs	
GPR			\$0	- \$0	
GFN			40	10	
FED			\$0	- \$0	
PRO/PRS			\$0	- \$0	
			•	- \$0	
SEG/SEG-S	<u> </u>		\$0 - S Increased Rev. Decreased Rev.		
III. State Revenues - Complete this only		increase or decrease state in license fee, etc.)	increased nev.	Decidased nev.	
GPR Taxes	11.010400, 40010400	, 111 11001100 1007 01017	\$0	- \$0	
GPR Earned			\$0	- \$0	
			•0	- \$0	
FED			\$0	- 40	
PRO/PRS			\$0	- \$0	
SEG/SEG-S			\$0	- \$0	
TOTAL State Revenues	S:		\$0	- \$0	
			·		
	NEI ANNUA	LIZED FISCAL IMPAC		•	
		STATE	LOC	Δ Ι	
Net Change in Costs:		\$0	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Net Change in Costs: Net Change in Revenues:		\$O	\$(
net Change in Nevenues.		+0	•	- .	
Agency/Prepared by:(Name & Phone No.)	A	uthorized Signature/Telepho	one No.	Date	
DWD / Ware, LeAnna	266-1997	MI	247-9543	11-30-99	
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