FISCAL ESTIMATE FORM				1999 Session
		LRB #-1918/1		
ORIGINAL	UPDATED	Introduction #	Senate Bill 147	
CORRECTED	SUPPLEMENTAL	Admin. Rule #		
Subject				
Salaries of teachers employed by the state.				
Fiscal Effect				
State: No State Fiscal Effect Indeterminable Check columns below only if bill makes a direct appropriation			Ingrasa Costa Mar	y be possible to Absorb
or affects a sum sufficient appropriation.			Within Agency's Budge	
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Increase Existing Appropriation Increase Existing Revenues				
Decrease Existing Appropriation Decrease Existing Revenues Create New Appropriation			Decrease Costs	
Local: No local government costs				
1. Increase Costs 3. Increase Revenues			5. Types of Local Gove	ernmental Units Affected:
Permissive Permissive Mandatory			Towns Villa	ages Cities
Mandatory 2. Decrease Costs 4. Decrease Revenues Counties Others				
Permissive Permissive Mandatory			School Districts	WTCS Districts
Mandatory Fund Sources Affected Affected Ch. 20 Appropriations				
GPR FED PRO PRS SEG				
SEG-S				
Assumptions Used in Arriving at Fiscal Estimate:				
This bill requires that the secretary of employment relations include pay ranges comparable to public school and				
technical college teachers in the compensation plan for the 2001-02 fiscal biennium for all classes in the state civil service that are composed of teachers. The secretary must also include annual increases in pay rate and progression				
through pay ranges based on the number of years the employee has been employed in a class composed of teachers				
and additional pay adjustments for educational qualifications.				
The Department of Public Instruction currently has 5.00 FTE positions that will be covered by the compensation plan				
that includes teachers for 2001-02. Because it is unknown what, if any, adjustments to current pay ranges would				
result if this bill were to become law, any fiscal effect on the department is indeterminable.				
This bill has no local fiscal effect.				
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Long-Range Fiscal Implications:				
Prepared By: (Name & Phone # / Ag	ency Name) Aut	horized Signature /]	elephone No.	Date
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