		199	99 Session
	Original Update	CD 100 0640	
FISCAL ESTIMATE DOA-2048 N(R10/94)	·	Amendment No. if	Applicable
Subject A STATE MINIMUM WAGE PROVIDING AN E RULE-MAKING PROCEDURES GRANTING RU	XEMPTION FROM EMERGENCY LE-MAKING AUTHORITY AND PI	RULE PROCEDURES PROVIDING AN ROVIDING A PENALTY.	EXEMPTION FROM
Fiscal Effect			
State: No State Fiscal Effect Check columns below only if bill makes or affects a sum sufficient	a direct appropriation appropriation	│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │	/lay be possible to Absorb get⊡ Yes ⊠ No
☐ Increase Existing Appropriation ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	☐ Decrease Costs		
Local: No local government costs 1. Increase Costs Permissive Mandatory 2. Decrease Costs Permissive Mandatory	3. Increase Revenues Permissive Man 4. Decrease Revenues Permissive Man		
Fund Sources Affected:		Affected Ch. 20 Appropriations:	
⊠ GPR ☐ FED ☐ PRO ☐ F	PRS SEG SEG-S	445(1)(a)	
Assumptions Used in Arriving at Fiscal Estima State costs: The department would need to mailing. The department would incur \$75,0 materials) to update the minimum wage reg	annually update state minimum 1000 in annual costs (150,000 pie	ces of mail at \$0.50 per piece to cov	oyers through a mass er postage, printing and
Passage of this legislation will result in the minimum wage. Part of this increase will be minimum wage will be much higher than the complaints with the federal government workights Officer-Senior (\$58,900 total annual one-time costs \$7,150 for equipment and of	e due to the substantial increase he federal minimum wage. Conse ould be more likely to file with ou I cost, including \$47,400 for sala	(27%) in the minimum wage and part quently many people who now might r department. The department will ne ary and fringe benefits and \$11,500 f	file minimum wage led one additional Equal for supplies and services; and
Local Costs: Government units who current state minimum wage is raised with passage workers who may be affected or the total of	e of this legislation. The departm	ent lacks sufficient data to determine	nce increased costs when the the exact number of
Adoption of this legislation will increase the \$2,912 (27% increase). For agricultural em	e annual salary of one full-time m ployees the increase would amo	inimum wage employee from \$10,71 unt to \$3,432 which would be a 419	2 to \$13,624, an increase of 6 increase.
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Long-Range Fiscal Implications			. /
All of the fiscal effects anticipated above v	vill continue into the future.		•
Agency/Prepared by:(Name & Phone No.)	Authorized Sig	in∉ture/Télephone No.	Date
, , ,	.66-3345		6-25-9
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FISCAL ESTIMATE WORKSHEET	T 1999 Session		Session
Detailed Estimate of Annual Fiscal Effect DOA-2047(R10/94)	Original Updated Corrected Supplemental	LRB or Bill No./Adm Rule No SB-193 <i>I</i> -2648/1	Amendment No.
Subject A STATE MINIMUM WAGE PROVIDING AN RULE-MAKING PROCEDURES GRANTING F			3 AN EXEMPTION FROM
I. One-time Costs or Revenue Impacts \$7,150 to equip one Equal Rights O	for State and/or Local Governmen		alized fiscal effect):
II. Annualized Costs:		Annualized Fiscal Impact on State funds from:	
III. Tunidenado dosto.		Increased Costs	Decreased Costs
A. State Costs by Category State Operations - Salaries and F	ringes	\$47,400	- \$0
(FTE Position Changes)	- A	(1.00FTE)	(- FTE)
State Operations - Other Costs		\$86,500	- \$0
Local Assistance		\$0	- \$0
Aids to Individuals or Organization	ns	\$0	- \$0
TOTAL State Costs by Cat	egory	\$133,900	- \$0
B. State Costs by Source of Funds		Increased Costs	Decreased Costs
GPR		\$133,900	- \$0
FED		\$0	- \$0
PRO/PRS		\$0	- \$0
SEG/SEG-S		\$0	- \$0
III. State Revenues - Complete this only when proposal will increase or decrease state revenues (e.g., tax increase, decrease in license fee, etc.)		Increased Rev.	Decreased Rev.
GPR Taxes	caso, accreace in necroes recy every	\$0	- \$0
GPR Earned		\$0	- \$0
FED		\$0	- \$0.
PRO/PRS		\$0	- \$0
SEG/SEG-S		\$0	- \$0
TOTAL State Revenues:		\$0	- \$0
_ · ·	NET ANNUALIZED FISCAL IMPAC	т	
	STATE	LOC	<u>AL</u>
Net Change in Costs:	\$133,900		
Net Change in Revenues:	\$0	\$C	
Agency/Prepared by:(Name & Phone No.)	Authorized Signature/Telepho	one No.	Date
DWD / Anderson, Bob (Not Available) 244	-3345 Myc	o	6-25-99