**Personnel Fiscal Impact Statement**

**Office of Financial Management**

Contact your assigned [OFM Budget Analyst](http://www.ofm.wa.gov/budget/contacts/default.asp) or [State HR Classification & Compensation Analyst](http://hr.wa.gov/SiteCollectionDocuments/CompensationAndJobClasses/Contact%20Class%20and%20Comp/CC_AgencyAssignments.pdf) for assistance.

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| --- | --- |
| Agency/Institution*Enter text*.  | Contact Name: Enter text.Phone: Enter text.Email: Enter text. |
| Date Submitted*Enter a date.* | Proposed Effective Date*Enter a date.* |
| List the affected Class Title(s) and Class Code(s): Enter text. |

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| **Part 1: Fiscal Summary** |
| [ ]  No Fiscal Impact, skip to Part 2: Narrative Summary [ ]  Yes Fiscal Impact, shown below |
| **Fiscal Impact by Fund** (Fiscal impact should be the cost for the ***difference*** between current and proposed salary and benefits. Insert as many rows as necessary to address all fund sources.) |
| **Fund Code** | **Fund Name** | **2015-2017** | **2017-2019** | **2019-2021** |
| 001-1 | General Fund-State |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Totals** |  |  |  |
| **Fiscal Impact by Object** |
|  | **2015-2017** | **2017-2019** | **2019-2021** |
| Number of FTE’s Affected |  |  |  |
| Object A: Salaries and Wages |  |  |  |
| Object B: Employee Benefits |  |  |  |
|  | **Totals** |  |  |  |

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| **Part 2: Narrative Summary** |
| Describe the classification and/or compensation action requested.*Enter text*. |
| Explain the assumptions used in calculating the estimated fiscal impact(s) shown above. If there is no fiscal impact, explain why.*Enter text*. |
| Explain how your agency/institution can pay for the biennialized cost of the proposed action within your current appropriation for the current and subsequent fiscal biennia without programs reductions. You **must** provide more information than simply that the cost can be absorbed within your existing budget. For example, explain budget savings/cost reductions, list sources of existing revenue, or provide details on increased revenue. *Enter text*. |

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| **Part 3: Agency/Institution Signatures** |
| Director or Designee Name/Title: *Enter text*.Signature:  | Date*Enter a date.* |
| Chief Financial Officer or Designee Name/Title: *Enter text*.Signature:  | Date*Enter a date.* |
| HR Manager or Designee Name/Title: *Enter text*.Signature:  | Date*Enter a date.* |

**Agency: Stop here**. Submit completed form with your Classification and Compensation request to your assigned [OFM Budget Analyst](http://www.ofm.wa.gov/budget/contacts/default.asp) and [State HR Classification & Compensation Analyst](http://hr.wa.gov/SiteCollectionDocuments/CompensationAndJobClasses/Contact%20Class%20and%20Comp/CC_AgencyAssignments.pdf).

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| **Part 4: OFM Budget Division Review (For OFM Use Only)** |
| [ ]  Agency/Institution **can** absorb cost.[ ]  Agency/Institution **cannot** absorb cost. |
| Budget Analyst Name: *Enter text*.Signature:  | Date*Enter a date.* |
| Budget Analyst Comments.*Enter text*. |

**OFM Budget Analyst:** Complete Part 4 and email to the [State HR Classification & Compensation Analyst](http://hr.wa.gov/SiteCollectionDocuments/CompensationAndJobClasses/Contact%20Class%20and%20Comp/CC_AgencyAssignments.pdf)., the OFM Budget Assistant Director, and Personnel.FIS@ofm.wa.gov.