**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](mailto:Personnel.FIS@ofm.wa.gov).