

**DANE COUNTY
POLICY AND FISCAL NOTE**

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| <input checked="" type="checkbox"/> Original <input type="checkbox"/> Update Sponsor: McCarville Vote Required: Majority <input checked="" type="checkbox"/> Two-Thirds <input type="checkbox"/> | Substitute No. _____ Resolution No. <u>2021 RES-200</u> Ordinance Amendment No. _____ |
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Title of Resolution or Ord. Amd.:

CONFIRMING THE APPOINTMENT OF CHRISTOPHER RAMOS AS DEPUTY MEDICAL EXAMINER

Policy Analysis Statement:

Brief Description of Proposal -
 Employee Services Agreement for Deputy Medical Examiner. - A candidate has been selected to serve as a Deputy Medical Examiner. An employment agreement setting forth the terms and conditions of employment have been negotiated with Christopher Ramos, MD. The appointment requires confirmation by the County Board.

Current Policy or Practice -
 This agreement requires County Board approval

Impact of Adopting Proposal -
 This resolution will allow the County Executive to sign the Employee Services Agreement

Fiscal Estimate:

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| <u>Fiscal Effect (check all that apply) -</u> <input checked="" type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Results in Revenue Increase <input type="checkbox"/> Results in Expenditure Increase <input type="checkbox"/> Results in Revenue Decrease <input type="checkbox"/> Results in Expenditure Decrease | <u>Budget Effect (check all that apply)</u> <input checked="" type="checkbox"/> No Budget Effect <input type="checkbox"/> Increases Rev. Budget <input type="checkbox"/> Increases Exp. Budget <input type="checkbox"/> Decreases Rev. Budget <input type="checkbox"/> Decreases Exp. Budget <input type="checkbox"/> Increases Position Authority <input type="checkbox"/> Decreases Position Authority Note: if any budget effect, 2/3 vote is required |
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Narrative/Assumptions about long range fiscal effect:

Expenditure/Revenue Changes:

| | Current Year | | Annualized | | | Current Year | | Annualized | |
|----------------------|--------------|----------|------------|----------|--------------|--------------|----------|------------|----------|
| | Increase | Decrease | Increase | Decrease | | Increase | Decrease | Increase | Decrease |
| Expenditures - | | | | | Revenues - | | | | |
| Personal Services | | | | | County Taxes | | | | |
| Operating Expenses | | | | | Federal | | | | |
| Contractual Services | | | | | State | | | | |
| Capital | | | | | Other | | | | |
| Total | \$0 | \$0 | \$0 | \$0 | Total | \$0 | \$0 | \$0 | \$0 |

Personnel Impact/FTE Changes:

Prepared By:

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| Agency: Medical Examiner's Office Prepared by: Barry Irmen Reviewed by: | Division: Date: 9/30/2021 Date: | Phone: Phone: |
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