

## LEGISLATIVE FACT SHEET

DATE: 09/21/22

BT or RC No: \_\_\_\_\_  
(Administration & City Council Bills)

SPONSOR: JEA  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Chief Human Resources Officer

Provide Name: David Emanuel

Contact Number: (904) 665-4647

Email Address: emanld@jea.com

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

Legislative approval of the 10/1/2022 - 9/30/2025 collective bargaining agreement between JEA and AFSCME Florida Council 79 (AFSCME).

**BACKGROUND:**

AFSCME is a certified collective bargaining unit representing approximately 218 JEA employees who are clerical and technical workers. The current agreement between JEA and AFSCME expires on September 30, 2022. The parties have met extensively to negotiate a new agreement and the process has recently been completed. AFSCME has represented that the proposed agreement was approved by the bargaining unit members on September 15, 2022. JEA's Board of Directors approved the proposed agreement on September 20, 2022.

**DISCUSSION:**

Number of employees: 218

**Wage terms:**

- 8% general increase to base in FY1 (22/23); 4.5% general increase to base in FY2 (23/24), with CPI considerations\*;
- 3.5% general increase to base in FY3 (24/25), with CPI considerations.

\* CPI considerations for FY 2 and 3: if the Southeast CPI-U average for the prior August through July exceeds the negotiated general wage increase, the general wage increase will be adjusted to reflect the average CPI-U up to a maximum of 7%. If the average CPI-U is greater than 7%, the additional percentage above 7% will be provided in a lump-sum payment and will not be applied to the general wages.

**Ratification Incentive:**

- 3% lump-sum payment in FY1.

**Longevity Pay\*\* increase:**

- \$325/year for every five years of continuous service through the fifteenth year.

- After the fifteenth year, \$500/year for every five years of continuous service.

\*\*Currently, employees receive \$300/year for every five years of continuous service.

**Dependent Coverage\*\*\* increase:**

- JEA will pay 60% of the cost of dependent health coverage

\*\*\*Currently, JEA pays 50%.

**Recapitalization:**

- The recapitalization provisions introduced in 2019 were removed from the agreement.

The estimated total cost of changes made to the status quo is approximately:

- FY1: \$1,651,347

- FY2: \$732,055 (without CPI considerations); \$1,130,041 (if the relevant average CPI is 7%)\*\*\*\*

- FY3: \$599,725 (without CPI considerations); \$1,209,838 (if the relevant average CPI is 7%)\*\*\*\*

\*\*\*\*The estimated total cost of changes for FY 2 and 3 does not include the potential one-time lump-sum payment if the relevant average CPI is above 7%.

APPROPRIATION: Total Amount Appropriated \_\_\_\_\_ as follows:

List the source name and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Fundin	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

**PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:**

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

**ACTION ITEMS: Purpose / Check List.** If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:	Yes	No	
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Justification of Emergency: If yes, explanation must include detailed nature of emergency.
			<div style="border: 1px solid black; height: 30px;"></div>
Federal or State Mandate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.
			<div style="border: 1px solid black; height: 30px;"></div>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Note: If yes, note must include explanation of all-year subfund carryover language.
			<div style="border: 1px solid black; height: 30px;"></div>
CIP Amendment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted? Negotiations were completed. The proposed collective bargaining agreement is on file.

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.


Related Enacted Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.


ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

**ACTION ITEMS:**

	Yes	No	
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Attachment: If yes, attach appropriate form(s).
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating

Division Chief:   
 (signature)

Date: 9/21/22

Prepared By:   
 (signature)

Date: 9/21/22

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o the Budget Office, St. James Suite 325

Thru: \_\_\_\_\_  
 \_\_\_\_\_

From: David Emanuel, Chief Human Resources Officer  
 Initiating Department Representative (Name, Job Title, Department)

Phone: (904) 665-4647 E-mail: emanld@jea.com

Primary Contact: Kurtis Wilson, VP Government Relations  
 (Name, Job Title, Department)

Phone: \_\_\_\_\_ E-mail: wilskr@jea.com

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor

Phone: 255-5006 E-mail: rachelz@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Mary Staffopoulos, Office of General Counsel, St. James Suite 480  
Phone: 904-255-5062 E-mail: mstaff@coj.net

From: \_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Contact: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

CC: Rachel Zimmer, Director of Intergovernmental Affairs, Office of the Mayor  
Phone: 255-5006 E-mail: rachelz@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:    Yes    No  
Boards Action / Resolution?            Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**