

LEGISLATIVE FACT SHEET

DATE: 09/25/19

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

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

Contact for all inquiries and presentations: Chief Human Resources Officer

Provide Name: Jon Kendrick

Contact Number: 904-665-4747

Email Address: kendja@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 10/1/2019 - 9/30/2022 collective bargaining agreement between JEA and Jacksonville Supervisors Association (JSA).

BACKGROUND:

The current agreement between JEA and the Jacksonville Supervisors Association (JSA) expires on September 30, 2019. The parties have met extensively to negotiate a new agreement and the process has recently been completed. JSA conducted a ratification vote on Sept. 18, 2019 and the proposed agreement was approved by the bargaining unit members and the JEA Board of Directors.

DISCUSSION:

Number of employees: 187

Wage terms: 3.5% general increase to base each year.

If there is a Recapitalization Event, any remaining general increase shall be applied to each employee's rate of pay effective the Closing Date of the Recapitalization Event. For example, should a Recapitalization Event occur and the Closing Date is July 2020, each employee shall receive an increase of an additional 7%.

Recapitalization Event Provisions - effective only in the event of a recapitalization

1. Provides for protection of employee pensions in accordance with Ordinance 2019-566.

2. Provides for Employee Protection and Retention Program Agreement – (a) recognizes minimum requirements of the ITN to provide for three years of substantially comparable wages and benefits; (b) recognizes employee option to enter into a retention program agreement providing for 100% of base pay over the course of two years following a Recapitalization Event, if employed as of July 23, 2019. (Exhibit E)

3. Provides for disability insurance coverage for up to five years following a Recapitalization Event to bridge to Social Security eligibility threshold.

New article to afford paid parental leave benefits effective January 1, 2020. Mirrors City of Jacksonville policy allowing up to 6 weeks of paid leave following the birth or adoption of a child.

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 Funding Source(s):	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.

	Yes	No
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.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

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?

Contract attached. Negotiations complete and union membership ratified the contract on 9/18/19.

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Continuation of Grant?

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?

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

Reporting
Requirements?

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: _____

Prepared By: _____
(signature)

Date: _____

ADMINISTRATIVE TRANSMITTAL

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

Thru: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: _____

Initiating Department Representative (Name, Job Title, Department)

Phone: _____

E-mail: _____

Primary

Contact: _____

(Name, Job Title, Department)

Phone: _____

E-mail: _____

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-255-5013 E-mail: JElsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-255-5055

E-mail: psidman@coj.net

From: Jon Kendrick, Chief Human Resources Officer

Initiating Council Member / Independent Agency / Constitutional Officer

Phone: 904-665-4747

E-mail: kendja@jea.com

Primary Contact: Sherry Hall, VP Government Affairs

(Name, Job Title, Department)

Phone: 904-665-6208

E-mail: hallsl2@jea.com

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-255-5013 E-mail: JElsbury@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