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 inq	quiries and presenta	tions Chief Human Resources Officer		
Provide Name:		Jon Kendrick		
Contact	Number:	904-665-4747		
Email A	ddress:	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 American Federation				
Legislative approval of the 10/1/2019 - 9/30/2022 collective bargaining agreement between JEA and Amercian Federation of State, County and Municipal Employees (AFSCME) BACKGROUND: The current agreement between JEA and the American Federation of State, County and Municipal Employees (AFSCME) expires on September 30, 2019. The parties have met extensively to negotiate a new agreement and the process has recently been completed. AFSCME conducted a ratification vote on Sept. 20, 2019 and the proprosed agreement was approved by the bargaining unit members and the JEA Board of Directors. DISCUSSION: Number of employees: 186 Wage terms: 3.5% general increase to base each year. One time lump sum payment of 1.5% of base pay 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 Event provisions - effective only in the event of a recapitalization Event Provisions of the ITN to 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 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. 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 adoptio				

APPROPRIATION: Total Ar	as follows:	
List the source <u>name</u> and pro	ovide Object and Subobject Numbers for each	category listed below:
(Name of Fund as it will appear in t	itle of legislation)	
Name of Federal Funding Source(s	From:	Amount:
	То:	Amount:
Name of State Funding Source(s):	From:	Amount:
	То:	Amount:
Name of City of Jacksonville	From:	Amount:
Funding Source(s):	То:	Amount:
Name of the Kind Contribution (s)	From:	Amount:
Name of In-Kind Contribution(s):	То:	Amount:
Name & Number of Bond	From:	Amount:
Account(s):	To:	Amount:

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:** No Justification of Emergency: If yes, explanation must include detailed nature of Emergency? Χ emergency. Federal or State Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision. Mandate?

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Fiscal Year Carryover?	Note: If yes, note must include explanation of all-year subfund carryover language.
CIP Amendment? X	Attachment: If yes, attach appropriate CIP form(s). Include justification for
Contract / Agreement Approval?	mid-year amendment. 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 9/20/19.
Related RC/BT? X	Attachment: If yes, attach appropriate RC/BT form(s).
Waiver of Code? X	Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.
Code Exception? X	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: Pu justification, and code provisions for	rpose / Check List. If "Yes" please provide detail by attaching reach.
ACTION ITEMS: Yes No Continuation of Grant? X	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?	X	and frequency of reports, includi	uding City Council / Auditor) to receive reports ing when reports are due. Provide Department hone number) responsible for generating
Division Chief:			Date:
		(signature)	
Prepared By:			Date:
		(signature)	

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		
COUN	CIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL		
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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: <u>kendja@jea.com</u>		
Primary	Sherry Hall, VP Government Affairs		
Contact:	(Name, Job Title, Department)		
	Phone: 904-665-6208 E-mail: <u>hallsl2@jea.com</u>		
CC:	Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor		
	904-255-5013 E-mail: <u>JElsbury@coj.net</u>		
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•	on from Independent Agencies requires a resolution from the Independent Agency Board g the legislation.		
	dent Agency Action Item: Yes No		
•	Boards Action / Resolution? X Attachment: If yes, attach appropriate documentation. If no,		
_	when is board action scheduled?		