

(Return in triplicate)

FISCAL NOTE

Bill/Resolution No.: HB 1090 Amendment to: _____

Requested by: Legislative Council Date of Receipt: 01/03/1989

Please estimate the fiscal impact of the above measure for:

State general or special funds Counties Cities

In the following space note the fiscal effect in dollars of this measure:

Narrative:

The funds to implment this bill are contained in the current employer retirement contribution of 5.12% of covered compensation. No additional funds are required.

State Fiscal Effect:

<u>1989-90</u>		<u>1990-91</u>		<u>Biennium Total</u>	
<u>General Fund</u>	<u>Special Funds</u>	<u>General Fund</u>	<u>Special Funds</u>	<u>General Fund</u>	<u>Special Funds</u>
-0-	-0-	-0-	-0-	-0-	-0-

County and City Fiscal Effect:

<u>1989-90</u>		<u>1990-91</u>		<u>Biennium Total</u>	
<u>Counties</u>	<u>Cities</u>	<u>Counties</u>	<u>Cities</u>	<u>Counties</u>	<u>Cities</u>

If additional space is needed, attach a supplemental sheet.

Signed *Alan Person*

Typed Name Alan Person, Exec.Dir.

Date Prepared: 01/03/1989

Department Public Retirement Sys.