SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Request Item No:	690000YE01	**For Fiscal Year:**	*2019*
Requesting Organization:	69000000 GOVERNMENT CENTER	**Date of Request:**	2-Apr-20
Budget Adjust Type(s):	Appropriation Unit Shift	**Ongoing (Y or N):**	N
	Technical	**If Yes, next year's CF impact:**	$0
		Net FTE Change:	0.00

Description and Justification:

OPEB, Pension and Comp Abs entries: As we anticipated there are some orgs that are causing budget errors on getting our pension, opeb and comp abs entries in.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	**650 FACILITIES SERVICES FUND**
Fund Impact (Budgetary)	$0
Fund Impact (Transfers)	$0
TOTAL FUND IMPACT	$0

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	**REVENUE**	**EXPENSE**	**BAL SHEET**	**CNTY FUNDING**
TOTALS	0	0	0	0

Approvals

Division Director:	_____	**Date:**	_____
Dept. or Elected Fiscal Mgr:	_____	**Date:**	_____
Dept. Dir. or Elected Official:	_____	**Date:**	_____
Facilities Division Director: *(Capital Projects Only)*	_____	**Date:**	_____
Chief Financial Officer:	_____ Approve	**Date:**	_____
Mayor or Designee:	_____ Approve	**Date:**	_____
Council Action:	_____ Approve	**Date:**	_____

Budget Adjustment Detail

Budget Year:	2019	✱ **Requesting Department:**	69000000 GOVERNMENT CENTER OPERATIONS
Budget Period:	Post June Year-End	✱ **Req Item No:** 690000YE01 ✱ **Adjustment Title:**	OPEB, Pension and Comp Abs entries
Adjustment Type(s):	Appropriation Unit Shift	Technical	

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
650	6900000000		603075			1,723
650	6900000000		603023			6,465
650	6900000000		601045			48
650	6900000000		601045			2,183
650	6900000000		607040 FACILITIES MANAGEMENT CHARGES			(10,419)

TOTAL EXPENDITURES Page 1:	$0
TOTAL EXPENDITURES ALL PAGES:	$0

Revenue Budget String(s):

FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT

TOTAL REVENUES Page 1:	$0
TOTAL REVENUES ALL PAGES:	$0

Balance Sheet/Fund Unrestriction String(s): ☐ Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictions; check if applicable.

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	

TOTAL BALANCE SHEET CHANGE:	$0

✱ **Ongoing (Y or N):**	N	**No. of New FTEs:**	0.00	*(2)*
If Yes, next year's CF impact:	$0	**No. of New Time Limited FTEs:**	0.00	*(2)*
		No. of Transferred FTEs:	0.00	*(2)*
		No. of Abolished FTEs:	0.00	*(2)*

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

Description and justification: (Attach additional pages as needed.)*

As we anticipated there are some orgs that are causing budget errors on getting our pension, opeb and comp abs entries in.

(1) If the request is for a grant, include the dates the grant will expire and what obligations are required of the County after the grant expires.