

# SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

The spreadsheet appears to have changed. When you are ready, please regenerate the executive summary.

## Budget Adjustment Detail

**Budget Year:** 2019      \* **Requesting Department:** 10230000 CRIMINAL JUSTICE ADVISORY COUNCIL  
**Budget Period:** Post June Year-End      \* **Req Item No:** 102300YE01      \* **Adjustment Title:** Expungement Grant Navigator- Temp to TL  
**Adjustment Type(s):** Technical

**Expense Budget String(s):**

FUND	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	1023000200	601050 TEMPORARY SEASONAL EMERGENCY			(32,417)
110	1023000200	601040 TIME LIMITED EMPLOYEES			23,600
110	1023000200	603025 RETIREMENT OR PENSION CONTRIB			2,042
110	1023000200	603045 SUPPLEMENTAL RETIREMENT (401K)			143
110	1023000200	603050 HEALTH INSURANCE PREMIUMS			4,765
110	1023000200	603040 LTD CONTRIBUTIONS			62
110	1023000200	603005 SOCIAL SECURITY TAXES			1,805
					<b>TOTAL EXPENDITURES Page 1:</b>
					<b>TOTAL EXPENDITURES ALL PAGES:</b>
					<b>\$0</b>

**Revenue Budget String(s):**

FUND	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
					<b>TOTAL REVENUES Page 1:</b>
					<b>TOTAL REVENUES ALL PAGES:</b>
					<b>\$0</b>

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

FUND	SUB-DEPT ID	BAL. SHEET ACCOUNT	AMOUNT
		BAL_SHT or 499999	
		BAL_SHT or 499999	
		BAL_SHT or 499999	
			<b>TOTAL BALANCE SHEET CHANGE:</b>
			<b>\$0</b>

<b>* Ongoing (Y or N):</b>	Y	<b>No. of New FTEs:</b>	0.00	(2)
<b>If Yes, next year's CF impact:</b>	\$0	<b>No. of New Time Limited FTEs:</b>	1.00	(2)
		<b>No. of Transferred FTEs:</b>	0.00	(2)
		<b>No. of Abolished FTEs:</b>	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.)\***

Requesting a Time Limited position to serve as Expungement Grant Navigator. The position was originally hired as Temporary/Seasonal. The program has been so successful we plan to apply for an extension. The program allows us to apply for an extension each year for the next 2 years. This warranted a change from Part Time Temporary to Full Time Time Limited to handle the increasing work load. The position will be funded completely by the grant.

*(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.*