SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary Request Item No: 970000YE01 For Fiscal Year: 2019 Requesting Organization: 97000000 TREASURER-TAX ADM **Date of Request:** 29-Jan-20 Budget Adjust Type(s): Appropriation Unit Shift Ongoing (Y or N): Ν If Yes, next year's CF impact: \$0 **Net FTE Change:** 0.00 **Description and Justification:** Treasurer adjustment: Due to a significant unanticipated retroactive salary adjustment from HR at the end of the year and significant lump sum vacation pay for retirement, the Personnel budget went slightly over. Need to transfer 5k from Operations to Personnel. **Fund Impact SUMMARY OF FUND IMPACT BY FUND** FUND: **340 STATE TAX** ADMINISTRATION LEVY FUND

\$0

\$0

\$0

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

Fund Impact (Budgetary)

Fund Impact (Transfers)

TOTAL FUND IMPACT

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

		Bua	get Adjustme	ent Detall			
lget Year: 2019			* Requesting Department: 970000		97000000 TF	000 TREASURER-TAX ADMINISTRATION	
Period:	ost June Year-End	* Req Item No:	970000YE01 ▼	* Adjustment Title	: Treas	surer adjustment	
nent Type(s):	Appropriation Unit Shift	_			•		
Expense Budge	et String(s):	-					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID	(OPT) P	ROJECT ID (CAP)	AMOUNT
340	9700000000		601030 PERMANENT AND		(0.1)	(0)	5,00
340	9700000000		613025 CONTRACTED PR	INTINGS			(5,000
			TOTAL	 Expenditures	Page 1:		\$0
				ENDITURES ALL	-	=	\$0
Revenue Budge	et String(s):					=	
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID	(OPT) P	ROJECT ID (CAP)	AMOUNT
				TAL REVENUES REVENUES ALL	•	=	\$0 \$0
Balance Sheet/	Fund Unrestriction Str		eet strings only required for P if applicable.			unrestrictions;	φι
FUND SUB-DEPT ID	SUB-DEPT ID		BAL. SHEET ACCOUNT			AMOUNT	
	BAL_SHT or 499999						
		BAL_SHT or 499999 BAL_SHT or 499999					
			_	ANCE SHEET C	HANGE:	-	\$0
*	Ongoing (Y or N):	N		No. of New	FTEs:	0.00	(2)
If Yes, next year's CF impact: \$0					0.00	(2)	
			o. of Transferred			(2)	
Fund Balance T	Transfore:			No. of Abolished	IFIES:	0.00	(2)
From Fund	From Dept ID	To Fund	To Dept ID	Amount			
			1	1			
intion and justifi	ication: (Attach addition	nal nages as need	ed)*				
iption and justif	ication: (Attach additio	nal pages as need	ed.)*				

Due to a significant unanticipated retroactive salary adjustment from HR at the end of the year and significant lump sum vacation pay for retirement, the Personnel budget went slightly over. Need to transfer 5k from Operations to Personnel.

(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.