SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No:	436000YE01	**For Fiscal Year:**	***2018***
Requesting Organization:	43600000 ADDRESSING	**Date of Request:**	3-Dec-18
Budget Adjust Type(s):	New Request	**Ongoing (Y or N):**	N
		If Yes, next year's CF impact:	$0
		Net FTE Change:	0.00

Description and Justification:

Personnel Budget Increase: Requesting increase to personnel appropriation unit due to structural increase in 2018 salary and benefits.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	($8,783)
Fund Impact (Transfers)	$0
TOTAL FUND IMPACT	($8,783)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
4360000000 ADDRESSING PRGM	0	8,783	0	8,783
TOTALS	0	8,783	0	8,783

Approvals

Division Director: Teresa M Curtis — **Date:** 12/3/2018

Dept. or Elected Fiscal Mgr: — **Date:** 12-3- 2018

Dept. Dir. or Elected Official: — **Date:**

Facilities Division Director: — **Date:**
(Capital Projects Only)

Chief Financial Officer: — **Date:** 12/3/2018

Approve

Mayor or Designee: Erin Stern — **Date:** 12/3/18

Approve

Council Action: — **Date:**

Approve

Budget Adjustment Detail

Budget Year: 2018 * **Requesting Department:** 43600000 ADDRESSING

Budget Period: Post June Year-End * **Req Item No:** 436000YE01 * **Adjustment Title:** Personnel Budget Increase

Adjustment Type(s): New Request

Expense Budget String(s):

FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
110	4360000000		601030 PERMANENT AND PROVISIONAL			8,783

TOTAL EXPENDITURES Page 1: $8,783

TOTAL EXPENDITURES ALL PAGES: $8,783

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

If Yes, next year's CF impact: $0

No. of New FTEs: 0.00 *(2)*

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.)*

Requesting increase to personnel appropriation unit due to structural increase in 2018 salary and benefits.

(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.