

SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

Executive Summary

Reference No: 101500YE011 For Fiscal Year: **2018**
 Requesting Organization: 10150000 COMMUNITY DEVELOP Date of Request: 12-Sep-18
 Budget Adjust Type(s): New Request Ongoing (Y or N): Y
 If Yes, next year's CF impact: \$40,250
 Net FTE Change: 1.00

Description and Justification:

Fiscal Administrator for MSD: The Greater Salt Lake Municipal Services District has given their 90 day intent notice to take over Financial Services and Planning and Development. They expect to take over full Financial Services starting January 2019 and Planning and Development Services in August 2019. In order to take these services over they are requesting a Fiscal Administrator position. This position will be a County employee until the District is able to set up a payroll system and secure benefits. That is anticipated to happen in early 2019.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	735 PUBLIC WORKS AND OTHER 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
1015000000 COMMUNITY DEV AND ENGMT SERVICES	40,250	40,250	0	0
TOTALS	40,250	40,250	0	0

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 9-12-18

Dept. Dir. or Elected Official:

Date: 12 Sept 2018

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 9/12/18

Mayor or Designee:

Date: 9-14-18

Council Action:

Date: _____

Approve

Approve

Approve

Budget Adjustment Detail									
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Budget Year: 2018 * Requesting Department: 10150000 COMMUNITY DEVELOPMENT & ENGAGEMENT SERVICES
 Budget Period: Post June Year-End * Req Item No: 101500YE011 * Adjustment Title: Fiscal Administrator for MSD
 Adjustment Type(s): New Request

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURES Page 1:	\$40,250
TOTAL EXPENDITURES ALL PAGES:	\$40,250

Revenue Budget String(s):[illegible]

TOTAL REVENUES Page 1:	\$40,250
TOTAL REVENUES ALL PAGES:	\$40,250

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
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* Ongoing (Y or N):	Y
If Yes, next year's CF impact:	\$40,250

No. of New FTEs:	0.00	(2)
No. of New Time Limited FTEs:	1.00	(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.)*

The Greater Salt Lake Municipal Services District has given their 90 day intent notice to take over Financial Services and Planning and Development. They expect to take over full Financial Services starting January 2019 and Planning and Development Services in August 2019. In order to take these services over they are requesting a Fiscal Administrator position. This position will be a County employee until the District is able to set up a payroll system and secure benefits. That is anticipated to happen in early 2019.

(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.

Position Management Information

INSTRUCTIONS: Complete one section for each position. To facilitate efficient execution of HR actions, please complete ALL fields as requested. TO fields are required for all position actions while FROM fields only need to be entered for position transfers. Print pages for completed sections and attach to the budget adjustment form.

Position 1		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date	10/1/2018	
Existing/Proposed Job Code	063	
Existing/Proposed Job Title	Fiscal Administrator	
Position Type: Full-Time (FT), Part-Time (PT)	FT	
Time Limited? Yes / No	Yes	
If Time Limited, expected expiration date	3/31/2019	
Location Code (four digit number)	1183	
Fund	To: 735	From:
PS/BRASS Sub Department Id	To: 1015000300	From:
Reports To Position Number	9446	
Reports To Job Title	General Manager MSD	
FTE (Example: .50 / .75 / 1.0)	To: 1	From: 0
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	TL	

Position 2		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		
Existing/Proposed Job Title		
Position Type: Full-Time (FT), Part-Time (PT)		
Time Limited? Yes / No		
If Time Limited, expected expiration date		
Location Code (four digit number)		
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number		
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)	To:	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		

Position 3		
Position Number (For changes to existing positions)		
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		
Existing/Proposed Job Title		
Position Type: Full-Time (FT), Part-Time (PT)		
Time Limited? Yes / No		
If Time Limited, expected expiration date		
Location Code (four digit number)		
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number		
Reports To Job Title		
FTE (Example: .50 / .75 / 1.0)	To:	From:
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		

Total No. of New FTEs:	0
Total No. of New Time Limited FTEs:	1
Total No. of Transferred FTEs:	0
Total No. of Abolishments:	0
Total No. of Other Actions:	0

(a) Totals will transfer to the "Adj Request" tab's FTE section.

Council Approval section below to be completed only by Council Staff and to be submitted to HR for final processing.

Council Approved:	Yes:	No:	Date:	Signature:
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