

REQUEST FOR BUDGET ADJUSTMENT

15.4

Executive Summary

Reference No: 912500YE_001 For Fiscal Year: 2017
 Requesting Organization: 91250000 SHERIFF COURT SVC Date of Request: 27-Jun-17
 Budget Adjust Type(s): New Revenue and Expenditure One Time Change (Y or N): N
 FTE Request If No, next year's impact: \$0
 Net FTE Change: 0.70

Description and Justification:

PSO FTE for New Security Contract: The Sheriff's Office Protective Services Division has been awarded a contract with Holladay City to provide Bailiff and Security Services to Holladay City Justice Court. The ability to provide this service requires 1 PSO Deputy I FTE. The Sheriff's Office currently has a .30 FTE that we are requesting to be converted into a 1.0 Full time FTE to allow us to provide services under this new agreement.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	110 GENERAL FUND
Fund Impact (Budgetary)	\$11,077
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$11,077

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
9125001400 PROTECTIVE SVCS DIV - FACILITY	35,685	24,608	0	(11,077)
TOTALS	35,685	24,608	0	(11,077)

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 6/27/17

Dept. Dir. or Elected Official:

Date: 6/27/17

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 6/27/17

Mayor or Designee:

Approve

Date: 6/29/17

Approve

Council Action:

Date: _____

Approve

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)	00001528
Existing/Proposed Job Start Date	1-Jul-17
Existing/Proposed Job Code	765-5
Existing/Proposed Job Title	Deputy I
Position Type: Full-Time (FT), Part-Time (PT)	FT
Time Limited? Yes / No	No
If Time Limited, expected expiration date	
Location Code (four digit number)	1218
Fund	To: 110 From: 110
PS/BRASS Sub Department Id	To: 9125001400 From: 9125001400
Reports To Position Number	00001540
Reports To Job Title	Deputy Sergeant I
FTE (Example: .50 / .75 / 1.0)	To: 1 From: -0.3
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))	Add .70 to current .30 to make RA 1 FTE.

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:	0
Total No. of Transferred FTEs:	0
Total No. of Other Actions:	0.7

(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

REQUEST FOR BUDGET ADJUSTMENT

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Executive Summary

Reference No: 530500YE01 For Fiscal Year: 2017
 Requesting Organization: 53050000 EMP SERV RES-FITN Date of Request: 22-Jun-17
 Budget Adjust Type(s): Balance Sheet Transaction One Time Change (Y or N): Y
 If No, next year's impact: \$0
 Net FTE Change: 0.00

Description and Justification:

Fitness Center Adjustment for Capital Equipment: Request to move budget from the Fitness Center small equipment line 615035 to fund 680 balance sheet account 137005. The Fitness Center would like to purchase a Boxmaster quad training tower costing \$12,652. This purchase needs to be made from the balance sheet, so the Fitness Center would like less budgeted in small equipment in 2017 and more budgeted in the balance sheet. There is currently \$7,000 budgeted in the balance sheet in fund 680 of which \$5,814.30 has been spent leaving a remaining balance of \$1,185.70. In order to purchase the Boxmaster a budget adjustment of \$11,080 would need to be made moving budget from the small equipment line of 615035 to the balance sheet account of 137005.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	680 EMPLOYEE SERVICE RESERVE FUND
Fund Impact (Budgetary)	\$0
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$0

* Balance sheet transaction impacted

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
5305000000 EMP SERV RES-FITNESS CENTER	0	(11,080)	11,080	0
PRGM				
TOTALS	0	(11,080)	11,080	0

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 6/26/17

Dept. Dir. or Elected Official:

Date: _____

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 6/27/17

Mayor or Designee:

Date: 6/29/17

Council Action:

Date: _____

Approve

Approve

Budget Adjustment Detail

Budget Year: 2017 * Requesting Department: 53050000 EMP SERV RES-FITNESS CENTER
 Budget Period: Post June Year-End * Req Item No: 530500YE01 * Adjustment Title: Fitness Center Adjustment for Capital Equipment
 Adjustment Type(s): Balance Sheet Transaction

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
680	050	5305000000	615035			(11,080)
TOTAL EXPENDITURE CHANGE:						(\$11,080)

Revenue Budget String(s):

FUND	AGENCY	SUB-DEPT ID	REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
TOTAL REVENUE CHANGE:						\$0

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
680	5305000000	137005	11,080
		BAL SHT or 499999	
		BAL SHT or 499999	
TOTAL BALANCE SHEET CHANGE:			\$11,080

* One Time Change (Y or N): Y
 If No, next year's impact:
 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 Other 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.)*

Request to move budget from the Fitness Center small equipment line 615035 to fund 680 balance sheet account 137005. The Fitness Center would like to purchase a Boxmaster quad training tower costing \$12,652. This purchase needs to be made from the balance sheet, so the Fitness Center would like less budgeted in small equipment in 2017 and more budgeted in the balance sheet. There is currently \$7,000 budgeted in the balance sheet in fund 680 of which \$5,814.30 has been spent leaving a remaining balance of \$1,185.70. In order to purchase the Boxmaster a budget adjustment of \$11,080 would need to be made moving budget from the small equipment line of 615035 to the balance sheet account of 137005.

(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.

2017 Analysis of 137005 and 615035 for Fitness Center Budget Adjustment

Sum of Amount				
Fund	Account	AccountDescr	Date	Journal ID
680	137005	Furniture Fixtures & Equipment	1/1/2017	CLO0021772
			3/24/2017	APACC20784
			3/31/2017	AMADD21019
			Furniture Fixtures & Equipment Total	
	137005 Total			
680 Total				
Grand Total				

Balance Sheet - 137005

2017 Budget Beginning Budget

YTD

3/27/2017 Integrity Power Mill

Proposed

Boxmaster

Budget Adjustment Needed

7,000.00

(5,814.30)

(12,262.00)

(11,076.30)

11,080

Expenditures - 615035

Beginning Budget

YTD 1/1/2017 - 6/22/2017

Budget Adjustment

Remaining Balance

17,600.00

(4,125.02)

(11,076.30)

2,398.68

Report ID: MFA_PB600

** Preliminary **

Listing of Obligations vs. Budget (Organization Level)

For Budget Fiscal Year 2017

As of 06/26/2017

Percent of Year Expired: 50%

Account	Description	Current Period	YTD Expense	Pre Encumbrances	Encumbrance	Total Obligations	Budget	Available Budget	Percent Used	Prior Year
Fund: 680 Employee Service Reserve										
Organization: 5305000000 Emp Serv Res-Fitness Center										
Expenditures										
680-050-53050000000										
601030	Permanent And Provisional	0.00	15,454.20	0.00	0.00	15,454.20	43,068.00	27,613.80	35.9%	0.00
601050	Temporary, Seasonal, Emergency	0.00	2,326.81	0.00	0.00	2,326.81	10,580.00	8,253.19	22.0%	0.00
601065	Overtime	0.00	160.80	0.00	0.00	160.80	0.00	-160.80	100.0%	0.00
603005	Social Security Taxes	0.00	1,344.91	0.00	0.00	1,344.91	4,109.37	2,764.46	32.7%	0.00
603025	Retirement Or Pension Contrib	0.00	2,884.06	0.00	0.00	2,884.06	7,956.00	5,071.94	36.3%	0.00
603040	Ltd Contributions	0.00	72.81	0.00	0.00	72.81	204.00	131.19	35.7%	0.00
603045	Supplemental Retirement (401K)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.0%	0.00
603050	Health Insurance Premiums	0.00	2,459.00	0.00	0.00	2,459.00	3,636.00	1,177.00	67.6%	0.00
603075	OPEB-Underfunded ARC	0.00	0.00	0.00	0.00	0.00	2,800.00	2,800.00	0.0%	0.00
Total for 000100 Salaries and Benefits		0.00	24,702.59	0.00	0.00	24,702.59	72,353.37	47,650.78	34.1%	0.00

Agency: 050 Non-Departmental

680-050-53050000000

607040	Facilities Management Charges	0.00	580.40	0.00	0.00	580.40	2,000.00	1,419.60	29.0%	0.00
611005	Subscriptions & Memberships	0.00	0.00	0.00	0.00	0.00	600.00	600.00	0.0%	0.00
611015	Education & Training Serv/Supp	0.00	198.00	0.00	0.00	198.00	430.00	232.00	46.0%	0.00
615005	Office Supplies	0.00	367.18	0.00	0.00	367.18	2,500.00	2,132.82	14.7%	0.00
615025	Computers & Components	0.00	0.00	0.00	0.00	0.00	1,000.00	1,000.00	0.0%	0.00
<\$5000										
615035	Small Equipment (Non-Computer)	0.00	4,125.02	0.00	0.00	4,125.02	17,600.00	13,474.98	23.4%	0.00
615050	Meals & Refreshments	0.00	287.87	0.00	0.00	287.87	200.00	-87.87	143.9%	0.00
617010	Maint - Machinery And Equip	0.00	2,920.00	0.00	0.00	2,920.00	7,000.00	4,080.00	41.7%	0.00
619025	Travel & Transportatn-Employees	0.00	1,252.14	0.00	0.00	1,252.14	1,000.00	-252.14	125.2%	0.00
621020	Telephone	44.00	264.68	0.00	0.00	264.68	400.00	135.32	66.2%	0.00
633010	Rent - Buildings	0.00	33,436.90	0.00	0.00	33,436.90	80,249.00	46,812.10	41.7%	0.00
639025	Other Professional Fees	0.00	300.20	0.00	0.00	300.20	500.00	199.80	60.0%	0.00

more 11,080 to Ba/skt

Salt Lake County

Fitness Center

Attn: Ann Bradshaw

abradshaw@slco.org

Platinum Fitness Equipn

992 N 880 W

P.G., Utah 84062

KC Nielsen

[801-368-6527](tel:801-368-6527)/kc@pfe1.com

Item

BM, BOXMASTER, QUAD
9BM-K9404-26CSS

Optional; KICKPAD #731-5674

#	MSRP	Price	
1	13,995	11,200	11,200
4	495	263	1,052

Sub Total 12,252

Freight to SL Co. 400

No Installation included in this Bid

SL County will assemble

Total 12,652

15.6

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 355099_01YE	For Fiscal Year: 2017
Requesting Organization: 35509900 SPCC RESERVE CAPI	Date of Request: 28-Jun-17
Budget Adjust Type(s): Existing Capital Project	One Time Change (Y or N): Y
	If No, next year's impact: \$0
	Net FTE Change: 0.00


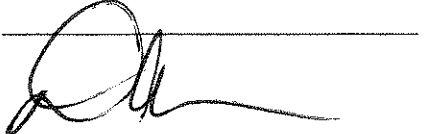

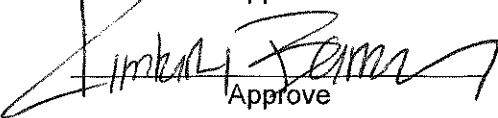
Description and Justification:
 SPCC Re-Budgeted Capital Projects: True-up the 2017 Salt Palace re-budgeted capital projects based on actuals through December 31, 2016 (PeopleSoft reports version 4). The air wall project was completed by April 30 2017 not as of December 31, 2016. The true up should of been for \$116,546 instead of \$125,000.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND	
FUND:	180 RAMPTON SALT PALACE CONV CTR FUND
Fund Impact (Budgetary)	(\$8,454)
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	(\$8,454)

SUMMARY OF CNTY FUNDING IMPACT BY DEPT				
DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
3550990000 SPCC RESERVE CAPITAL PROJECTS PRGM	0	8,454	0	8,454
TOTALS	0	8,454	0	8,454

Approvals

Division Director: _____	Date: _____
Dept. or Elected Fiscal Mgr: Robert Trujillo <small>Digitally signed by Robert Trujillo Date: 2017.06.28 16:12:54 -06'00'</small>	Date: _____
Dept. Dir. or Elected Official: 	Date: <u>6/28/17</u>
Facilities Division Director: (Capital Projects Only) 	Date: _____
Chief Financial Officer:  Approve	Date: _____
Mayor or Designee:  Approve	Date: _____
Council Action: _____ Approve	Date: _____

Budget Adjustment Detail									
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Budget Year: 2017

* Requesting Department: 35509900 SPCC RESERVE CAPITAL PROJECTS ▼

Budget Period: Post June Year-End

* Req Item No: 355099_01YE

* Adjustment Title: SPCC Re-Budgeted Captial Projects

Adjustment Type(s): Existing Capital Project

Expense Budget String(s):

[illegible]

TOTAL EXPENDITURE CHANGE:	\$8,454
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Revenue Budget String(s):

[illegible]

TOTAL REVENUE CHANGE:		\$0
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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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* One Time Change (Y or N): y
If No, next year's impact: _____

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 Other FTEs:	0.00	(2)

Fund Balance Transfers:

[illegible]

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

True-up the 2017 Salt Palace re-budgeted capital projects based on actuals through December 31, 2016 (PeopleSoft reports version 4). The air wall project was completed by April 30 2017 not as of December 31, 2016. The true up should of been for \$116,546 instead of \$125,000 based upon actuals through April 30, 2017 (PeopleSoft reports) Need to rebudget for \$8,454 to cover closeout costs for this project.

(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.

15.7

REQUEST FOR BUDGET ADJUSTMENT

Executive Summary

Reference No: 230000FTE03	For Fiscal Year: 2017
Requesting Organization: 23000000 AGING AND ADULT S	Date of Request: 3-Jul-17
Budget Adjust Type(s): FTE/Position Reclass	One Time Change (Y or N): N
	If No, next year's impact: \$3,712
	Net FTE Change: 0.00

Description and Justification:

AAS FTE Reclass pos # 2397, 2399, 2438: AAS requests to consolidate 3 positions in order to meet the operation needs: to make position # 2438 a 1.0 FTE from a .87 FTE by taking .10 FTE from #2397 (will be abolished) and .03 FTE from #2399 (will become a 0.57 FTE). Please refer to the attached for the budget impact. AAS will use the savings from the previous FTE reclassification requests to mitigate the budget increase for next year.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	120 GRANT PROGRAMS 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:	Paul Leggett <small>Digitally signed by Paul Leggett Date: 2017.07.05 08:17:38 -06'00'</small>	Date: _____
Dept. or Elected Fiscal Mgr:	Yanping Ding <small>Digitally signed by Yanping Ding Date: 2017.07.05 08:23:07 -06'00'</small>	Date: _____
Dept. Dir. or Elected Official:	Karen Crompton <small>Digitally signed by Karen Crompton Date: 2017.07.05 08:44:46 -06'00'</small>	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									
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Budget Year: 2017 * Requesting Department: 23000000 AGING AND ADULT SERVICES

Budget Period: Post June Year-End * **Req Item No:** 230000FTE03 * **Adjustment Title:** AAS FTE Reclass pos # 2397, 2399, 2438

Adjustment Type(s): FTE/Position Reclass

Expense Budget String(s): This is an FTE reclassification request not a budget adjustment request

[illegible]

TOTAL EXPENDITURE CHANGE:	\$0
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Revenue Budget String(s):

[illegible]

TOTAL REVENUE CHANGE:		\$0
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Balance Sheet/Fund Unrestriction String(s): For Bal sheet strings only required for Proprietary Fund adjustments or fund unrestrictedions; 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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One Time Change (Y or N): N
If No, next year's impact: \$3,712

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 Other FTEs:	0.00	(2)

Fund Balance Transfers:

[illegible]

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

AAS requests to consolidate 3 positions in order to meet the operation needs: to make position # 2438 a 1.0 FTE from a .87 FTE by taking .10 FTE from #2397 (will be abolished) and .03 FTE from #2399 (will become a 0.57 FTE). Please refer to the attached for the budget impact. AAS will use the savings from the previous FTE reclassification requests to mitigate the budget increase for next year.

(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)		2397
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		567
Existing/Proposed Job Title		Driver
Position Type: Full-Time (FT), Part-Time (PT)		PT
Time Limited? Yes / No		No
If Time Limited, expected expiration date		
Location Code (four digit number)		1382
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number	2411	
Reports To Job Title	Nutrition/Transportation Spv	
FTE (Example: .50 / .75 / 1.0)	To: 0	From: -0.1
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		R

Position 2

Position Number (For changes to existing positions)		2399
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		567
Existing/Proposed Job Title		Driver
Position Type: Full-Time (FT), Part-Time (PT)		PT
Time Limited? Yes / No		No
If Time Limited, expected expiration date		
Location Code (four digit number)		1382
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number	2411	
Reports To Job Title	Nutrition/Transportation Spv	
FTE (Example: .50 / .75 / 1.0)	To: 0.57	From: -0.6
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		R

Position 3

Position Number (For changes to existing positions)		2438
Existing/Proposed Job Start Date		
Existing/Proposed Job Code		400
Existing/Proposed Job Title		Outreach Case Worker
Position Type: Full-Time (FT), Part-Time (PT)		FT
Time Limited? Yes / No		
If Time Limited, expected expiration date		
Location Code (four digit number)		1005
Fund	To:	From:
PS/BRASS Sub Department Id	To:	From:
Reports To Position Number	2439	
Reports To Job Title	Outreach Program Mgr	
FTE (Example: .50 / .75 / 1.0)	To: 1	From: -0.87
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		R

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

AAS FTE reclass budget impact analysis															
Dept ID	Position #	Employee	Fr. To.	Job Title	Job Code	Current FTE	601030 Salary (Merit)	603005 FICA	603025 Retirement	603040 LTD	603045 401K	603050 Health Ins.	TOTALS	Fund Sources Outside Revenues	Tax Dollars
2300000401	2397	Vacant	Fr	Driver	567	(0.10)	(2,462.00)	(188.00)	(370.00)	(12.00)	(41.00)	(2,267.50)	(5,340.50)	\$ -	\$ (5,340.50)
2300000402	2399	Vacant	Fr	Driver	567	(0.60)	(14,772.00)	(1,128.00)	(2,220.00)	(72.00)	(246.00)	(13,605.00)	(32,043.00)	\$ -	\$ (32,043.00)
2300000301	2438	Jerry Schmidt	Fr	Outreach Case Worker	400	(0.87)	(27,288.00)	(2,088.00)	(4,098.00)	(132.00)	(456.00)	(17,490.00)	(51,552.00)	\$ -	\$ (51,552.00)
2300000401	2397	Vacant	To	Driver	567	0.00	-	-	-	-	-	-	-	\$ -	\$ -
2300000402	2399	Vacant	To	Driver	567	0.57	14,033.40	1,071.60	2,109.00	68.40	233.70	12,924.75	30,440.85	\$ -	\$ 30,440.85
2300000301	2438	Jerry Schmidt	To	Outreach Case Worker	400	1.00	36,317.00	2,778.00	5,448.00	174.00	-	17,490.00	62,207.00	\$ -	\$ 62,207.00
Net Annual Impact						0.00	\$ 5,828.40	\$ 445.60	\$ 869.00	\$ 26.40	\$ (509.30)	\$ (2,947.75)	\$ 3,712.35	\$ -	\$ 3,712.35