

15.2

REQUEST FOR SL COUNTY BUDGET ADJUSTMENT

Executive Summary

Reference No: 475000IA01	For Fiscal Year: 2018
Requesting Organization: 47500000 SOLID WASTE MANAG	Date of Request: 22-Nov-17
Budget Adjust Type(s): FTE Transfers	Ongoing (Y or N): Y
	If Yes, next year's CF impact: (\$22,790)
	Net FTE Change: 0.00

Description and Justification:

Adding scalehouse FTE: Replace current Heavy Equipment Operator position to Scale house operator to ensure adequate staffing is present for daily scale operations. Absenteeism has placed demands on administrative staff to assure customer service levels are maintained.

Fund Impact

SUMMARY OF FUND IMPACT BY FUND

FUND:	730 SOLID WASTE MANAGEMNT FACILITY FUND
Fund Impact (Budgetary)	\$22,790
Fund Impact (Transfers)	\$0
TOTAL FUND IMPACT	\$22,790

SUMMARY OF CNTY FUNDING IMPACT BY DEPT

DEPT	REVENUE	EXPENSE	BAL SHEET	CNTY FUNDING
4750000100 LANDFILL DISPOSAL	0	(72,288)	0	(72,288)
4750000400 SOLID WASTE ADMINISTRATION	0	49,498	0	49,498
TOTALS	0	(22,790)	0	(22,790)

Approvals

Division Director:

Date: _____

Dept. or Elected Fiscal Mgr:

Date: 22-Nov-2017

Dept. Dir. or Elected Official:

Date: 22 Nov 2017

Facilities Division Director:
(Capital Projects Only)

Date: _____

Chief Financial Officer:

Date: 11-28-17

Mayor or Designee:

Date: 1-3-18

Council Action:

Date: _____

Approve

Budget Adjustment Detail

Budget Year: 2018 *** Requesting Department:** 47500000 SOLID WASTE MANAGEMNT FACILITY
Budget Period: Fall/Next Year *** Req Item No:** 475000IA01 *** Adjustment Title:** Adding scalehouse FTE
Adjustment Type(s): FTE Transfers

Expense Budget String(s):

FUND	AGENCY	SUB-DEPT ID	EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
730	040	4750000100	601030			(72,288)
730	040	4750000400	601030			49,498
TOTAL EXPENDITURE CHANGE:						(\$22,790)

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 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):** Y
If Yes, next year's CF impact: (\$22,790)

No. of New FTEs: 0.00 (2)
No. of New Time Limited FTEs: 0.00 (2)
No. of Transferred FTEs: 1.00 (2)
No. of Other FTEs: -1.00 (2)

Fund Balance Transfers:

From Fund	From Dept ID	To Fund	To Dept ID	Amount

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

Replace current Heavy Equipment Operator position to Scale house operator to ensure adequate staffing is present for daily scale operations. Absenteeism has placed demands on administrative staff to assure customer service levels are maintained.

(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)		00007729	
Existing/Proposed Job Start Date		11/1/2017	
Existing/Proposed Job Code		734	
Existing/Proposed Job Title		scale-house operator	
Position Type: Full-Time (FT), Part-Time (PT)		Full-time	
Time Limited? Yes / No		No	
If Time Limited, expected expiration date			
Location Code (four digit number)		1274	
Fund	To: 730	From: 730	
PS/BRASS Sub Department Id	To: 4750000400	From: 4750000100	
Reports To Position Number	00007715		
Reports To Job Title	Scalehouse Supervisor		
FTE (Example: .50 / .75 / 1.0)	To: 1	From: 1	
Action Type: (New position (N), New TL (TL), Reclassification (R), Transfer (T), FTE Change/Re-Allocation (RA), Abolish (A), Other (O))		RA	

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:	-1

(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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