# SL COUNTY BUDGET REQUEST / ADJUSTMENT FORM

# 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	F 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 DEP				
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:  Approve	Date: 9/18/18
Mayor or Designee:  Approve	Date: 9-14-18
Council Action:  Approve	Date:

		Bud	get Adjustme	ent Detail		
et Year:	2018		* Requesting De	epartment: 1015000	00 COMMUNITY DEVELOPMEN	NT & ENGAGEMENT S
et Period:	Post June Year-End 🔻	★ Req Item No:	101500YE011	* Adjustment Title:	Fiscal Administrator for MSD	
tment Type(s):	New Request	•		•		
Expense Bud	dget String(s):					
FUND	SUB-DEPT ID		EXPENSE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
735	1015000000		601030	, ,		40,2
						,,,,
0			TOTAL	EXPENDITURES Page 1:		\$40,2
				NDITURES ALL PAGES:		\$40,2
Revenue Bud	dget String(s):				-	
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT)	PROJECT ID (CAP)	AMOUNT
735	1015000000		601030			40,2
						10,2
			TO	TAL REVENUES Page 1:		\$40,25
			TOTAL F	REVENUES ALL PAGES:		\$40,25
Balance Shee	et/Fund Unrestriction St	tring(s): _ Bai sh	eet strings only required for Pr	roprietary Fund adjustments or	fund unrestrictions;	
		check	fapplicable.			
FUND	SUB-DEPT ID		BAL. SHEE	T ACCOUNT	AMOUN	TV
			BAL_SHT or 499999			
			BAL_SHT or 499999			
			BAL_SHT or 499999			
1944				ANCE SHEET CHANGE:		5
			10000000000000000000000000000000000000		-	
*	Ongoing (Y or N):	Υ		No. of New FTEs:	0.00	2)
If Yes. n	next year's CF impact:		No. of N	lew Time Limited FTEs:		-/ 2)
	7 3: <b>p-an</b>	<b>4,0,200</b>	<b>→</b> ()'	o. of Transferred FTEs:	0.00	
				No. of Abolished FTEs:	0.00	•
				ITO, OI ADONONEU FIES.		-/
Fund Balance	e Transfers:					
From Fund	d From Dept ID	To Fund	To Dept ID	Amount		

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.

<sup>(1)</sup> 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	<del> </del>			
Existing/Proposed Job Code			1/2018	
Existing/Proposed Job Title	-		063	
Position Type: Full-Time (FT), Part-Time (PT)		FISCAL A	dministrator	
Time Limited? Yes / No	-		FT	
If Time Limited , expected expiration date			Yes	
Location Code (four digit number)			1/2019 183	
Fund	To:	735	From:	
PS/BRASS Sub Department Id	To:	1015000300	From:	
Reports To Position Number	10.		9446	
Reports To Job Title			lanager MSD	
FTE (Example: .50 / .75 / 1.0)	To:	1	From:	0
	10.		T TOITI.	<u> </u>
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:				
Total No. of New Time Limted FTEs:			0	
Total No. of Transferred FTEs:			1	
Total No. of Abolishments:			0	
Total No. of Other Actions:			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:		