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 localifications			

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	F 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 DEF	T				
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: Aires M Curlin	Date: 12/3/2018
Dept. or Elected Fiscal Mgr:	Date: 12-3- 2018
Dept. Dir. or Elected Official:	Date:
Facilities Division Director: (Capital Projects Only)	Date:
Chief Financial Officer: Approve (Date: 12/3/2018
Mayor or Designee: Approve	Date: 1013/15
Council Action: Approve	Date:

t Year:	2018	-	* Requesting Dep	partment:	43600000 ADDRESSING	
t Period:	Post June Year-End 🔻	* Req Item No:	436000YE01 -	Adjustment Title:	Personnel Budget Inc	rease
ment Type(s):	New Request	_			<u> </u>	***************************************
Expense Bud	get String(s):					
FUND	SUB-DEPT ID	- Ingageofine - Francist as some	EXPENSE ACCOUNT	BBOG/ACT ID /	OPT) PROJECT ID (CAP) AMOUNT
110	4360000000		601030 PERMANENT AND		OP I) PROJECT ID (CAP) ANIOUNT
						
			TOTAL	VDENDITUDES F) 4:	\$8
				EXPENDITURES P NDITURES ALL P	•	\$8
Revenue Bud	lget String(s):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
FUND	SUB-DEPT ID		REVENUE ACCOUNT	PROG/ACT ID (OPT) PROJECT ID (CAP) AMOUNT
FORD	GOD-DEFT ID	COLORS HAVE TO THE THE THE THE THE	NEVEROL AGGOOM	NOCACIES,		
-						
		J	TO	TAL REVENUES F	Page 1:	
			TOTAL E	EVENUES ALL D	AGES.	
Balance Shee	et/Fund Unrestriction	String(s): Bal sh check	eet strings only required for Po if applicable.	roprietary Fund adjust	ments or fund unrestrictions;	
FUND SUB-DEPT ID				T ACCOUNT		AMOUNT
			BAL_SHT or 499999			
			BAL_SHT or 499999 BAL_SHT or 499999			
		<u> </u>		ANCE SHEET CH	ANGE:	
						and the same of th
*	Ongoing (Y or N): ext year's CF impact:	N \$0	Mo of N	No. of New I w Time Limited		(2) (2)
ir res, n	ext years CF Impact:	3 0		o. of Transferred		(2)
				No. of Abolished		(2)
Fund Balance	e Transfers:					
From Fund	d From Dept ID	To Fund	To Dept ID	Amount	91 and 91 4 1	
	-					
		 				
1	1					

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⁽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.