FY 24-25

Department: 101-54210

	F1 24-2	Department. 10101210				
		Account: Court Support Deputy - Correct	etions			
Type of	f Amendment: (check one)					
Trans	fer (no overall change to adopted budget					
Decre	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")					
✓ Increa	Increase (raising adopted budget due to unforeseen effect on "revenue" or "expense")					
Adjus	tment (correction to adopted budget due to	"grant award" or "budgetary adjustment")				
***	IF an Increase or Decrease, a memo explainin	g the need or purpose MUST accompany amendme	nt form***			
	Account Number	Description	Amount			
то	101-54210-510600	Deputies	52,425.00			
	101-54210-520100	Social Security	3,250.00			
	101-54210-520400	State Retirement	5,473.00			
	101-54210-520600	Life Insurance	62.00			
	101-54210-520700	Health Insurance	16,800.00			
	101-54210-520800	Dental Insurance	282.00			
	101-54210-521000	Unemployment	27.00			
	101-54210-521200	Medicare	760.00			
	101-54210-551300	Workers Comp	1,238.00			
		TOTAL	80,317.00			
	Account Number	Description	Amount			
FROM	101-00000-489900	Other/Use of Fund Balance	80,317.00			
5.						
			-176 <sub>2.00</sub>			
		TOTAL	80,317.00			
Explanation	n: cost to hire a new court support de	eputy (assuming full family benefits)				
10 341 50	10					
	5//		V State of the sta			
A	161 7/30/2024					
Signature	of Official/Department Head/Date/	Signature of County Mayor/Date				

\*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.

Department: Sheriff- Motor Vehicles

Account: 101-91130-571800

Type of A	Amendment: (check one)  r (no overall change to adopted budge	+1			
The same of the sa	Decrease (reducing adopted budget due to unforeseen effect on "revenue" or "expense")				
Increase		reseen effect on "revenue" or "expense")			
AND DESCRIPTION OF THE PERSON NAMED IN		o "grant award" or "budgetary adjustment")			
***IF	an Increase or Decrease, a memo explaini	ng the need or purpose MUST accompany amendme	nt form***		
	Account Number	Description	Amount		
то	101-91130-571800	Motor Vehicles	70,725.00		
	101-54110-542500	Gasoline	3,000.00		
	101-54110-533800	Vehicle Mtce	1,500.00		
	101-54110-543100	Law Enforcement Supplies	2,275.00		
		TOTAL	77 500 00		
		TOTAL	77,500.00		
	Account Number	Description	Amount		
FROM	101-00000-489900	Other/Use of Fund Balance	77,500.00		
			(4 - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T - 1 T		
		TOTAL	77,500.00		
Explanation:	to purchase a vehicle for new con	urt support deputy			
	/ ~				
b	1/2 1/20/00	S			
Signature of O	fficial/Department Head/Date	Signature of County Mayor/Date			
J. attarboy	, separation ready sale	Signature of County Mayor, Date			
* 411	requiring committee engraval are due to Cr. Financial	Analyst Office by your make Transley before the Divident Consu	A		

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