

**Blount County Government  
Budget Amendment Request**

FY 21-22

Department: VRIP  
Account: 101-Various

**Type of Amendment: (check one)**

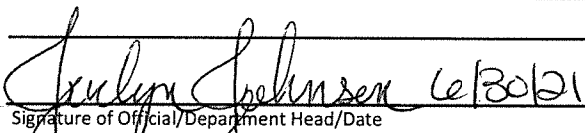
- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

**\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\***

	Account Number	Description	Amount
TO	101-52400-516200	Clerical Personnel	10,823.80
	101-52400-520100	Social Security	649.68
	101-52400-520600	Life Insurance ER Cost	13.85
	101-52400-520700	Health Insurance ER Cost	1,878.50
	101-52400-520800	Dental Insurance ER Cost	70.14
	101-52400-521200	Employer Medicare Cost	151.97
	<b>TOTAL</b>		<b>13,587.94</b>

	Account Number	Description	Amount
FROM	101-00000-489900	Use of Fund Balance	13,587.94
	<b>TOTAL</b>		<b>13,587.94</b>

Explanation: Voluntary Retirement Incentive Program (VRIP) Round 2 Payroll funded by program approved by Commission in FY20-21. Request to re-appropriate funds that have fallen to fund balance.

  
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.

**Blount County Government  
Budget Amendment Request**

FY 21-22

Department: VRIP

Account: 101-Various

**Type of Amendment: (check one)**

- Transfer** (no overall change to adopted budget)
- Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
- Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
- Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

**\*\*\*IF an Increase or Decrease, a memo explaining the need or purpose MUST accompany amendment form\*\*\***

	Account Number	Description	Amount
TO	101-52600-512100	Data Processing Personnel	36,654.80
	101-52600-520100	Social Security	2,150.79
	101-52600-520600	Life Insurance ER Cost	32.24
	101-52600-520700	Health Insurance ER Cost	6,136.00
	101-52600-520800	Dental Insurance ER Cost	140.27
	101-52600-521200	Employer Medicare Cost	502.97
		<b>TOTAL</b>	<b>45,617.07</b>

	Account Number	Description	Amount
FROM	101-00000-489900	Use of Fund Balance	45,617.07
		<b>TOTAL</b>	<b>45,617.07</b>

Explanation: Voluntary Retirement Incentive Program (VRIP) Round 2 Payroll funded by program approved by Commission in FY20-21. Request to re-appropriate funds that have fallen to fund balance.

*Jaclyn Johnson* 6/30/21  
 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.