

**Blount County Government
Budget Amendment Request**

FY 21-22

Department: Extended School Program
Account: 146

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	146-73300-516900	Part-Time Peronnel	62,000.00
	146-73300-520100	Social Security	3,800.00
	146-73300-521200	Medicare	900.00
TOTAL			66,700.00

	Account Number	Description	Amount
FROM			
	146-00000-465901	Child Care Assistance - DHS	66,700.00
TOTAL			66,700.00

Explanation:

Adjust minimum pay of all classified employees to \$12.73 per hour for the period 1/1/22 through 6/30/22.

Troy Logan 11-22-21

For [Signature] 11-22-21

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.

Approved By The
Board of Education *12-2-21*