

Budget Amendment Request

FY 19-20

Department: Hwy

Account: 131-62000

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	131-62000-514300	Equipment Operator	30,940.00
	-201	Social Security	1,918.00
	-204	Retirement	2,135.00
	-206	Employee Insurance - Life	37.00
	-207	Employee Insurance- Health	15,843.00
	-208	Employee Insurance - Dental	278.00
	-210	Unemployment	72.00
	-212	Medicare	449.00
TOTAL			51,672.00

	Account Number	Description	Amount
FROM	131-489900	Fund Balance	51,672.00
TOTAL			51,672.00

Explanation: Increase head-count by 2 employees for the remaining months of the FY.

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.