

**JEFFERSON COUNTY
BUDGET ADJUSTMENT OR AMENDMENT REQUEST**

<u>Adjustment</u>	<u>Description</u>	<u>Approval Level</u>
<input type="checkbox"/> Level 1	Adjustments of operating appropriations up to \$4,999 from one account to another <u>within</u> the department's budget	Department Head
<input type="checkbox"/> Level 2	<input type="checkbox"/> a. Adjustments of operating appropriations over \$5,000 and up from one account to another <u>within</u> the department's budget.	Administrator
	<input type="checkbox"/> b. Substitution of capital items or adjustment of operating to capital appropriations up to \$24,999 from one account to another <u>within</u> the department's budget.	Administrator
<input type="checkbox"/> Level 3	Amendments of operating or capital appropriations needing additional funding from contingency funds from that are under 10% of the funds originally appropriated for an individual department.	Finance Committee
<input type="checkbox"/> Level 4	<input type="checkbox"/> a. Amendments of operating or capital appropriations needing additional funding from contingency funds from that are over 10% of the funds originally appropriated for an individual department.	County Board
	<input checked="" type="checkbox"/> b. New programs in a department that were not originally budgeted through increase in expenses with offsetting increase in revenue for that program. (i.e. grant funding or donations)	County Board
	<input type="checkbox"/> c. Substitution of capital items or adjustment of operating to capital appropriations over \$25,000 from one account to another <u>within</u> the department's budget.	County Board
	<input type="checkbox"/> d. Amendments of operating or capital appropriations needing funding from general fund balance.	County Board

Increase	Decrease	Account #	Account Title	Amount
<input checked="" type="checkbox"/>		250-5080-511210	Wages- Regular	51,570
<input checked="" type="checkbox"/>		250-5080-512144	Health Insurance	17,940
<input checked="" type="checkbox"/>		250-5080-512173	Dental Insurance	1,080
<input checked="" type="checkbox"/>		250-5080-512141	Social Security	3,920
<input checked="" type="checkbox"/>		250-5080-512142	Retirement	3,400
	<input checked="" type="checkbox"/>	250-5001-511210	Wages- Regular	-51,570
	<input checked="" type="checkbox"/>	250-5001-512144	Health Insurance	-17,940
	<input checked="" type="checkbox"/>	250-5001-512173	Dental Insurance	-1,080
	<input checked="" type="checkbox"/>	250-5001-512141	Social Security	-3,920
	<input checked="" type="checkbox"/>	250-5001-512142	Retirement	-3,400

Description of Adjustment:

CPS Ongoing position that is now open and create an Intake/On call position

Department Head Signature _____ Date _____

County Administrator Signature _____ Date _____

- 1) Salaries and Fringes are not included as operating above, any changes to salaries and fringes must be discussed with the County Administrator.
- 2) The County Administrator shall make the determination if the budget adjustment needs to go to the County Board.
- 3) Any items \$5,000 and above must be capitalized.

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Increase	Decrease	Account #	Account Title	Amount
X		250-5027-455403	CCS Revenue	-15,107
X		250-5090-531312	Office Supplies	500
X		250-5090-532332	Mileage	2,833
X		250-5090-532325	Registration	500
		250-5090-529299	Purchase Care & Service	95,790
<input checked="" type="checkbox"/>		250-5090-421001	State Aid Yes Grant	-162,416
<input checked="" type="checkbox"/>		250-5000-511210	Wages- Regular	51,900
<input checked="" type="checkbox"/>		250-5003-512144	Health Insurance	17,940
<input checked="" type="checkbox"/>		250-5003-512173	Dental Insurance	1,080
<input checked="" type="checkbox"/>		250-5003-512141	Social Security	3,970
<input checked="" type="checkbox"/>		250-5003-512142	Retirement	3,010

Description of Adjustment:
 Create a full time CCS/Transition Specialist position.

Department Head Signature _____ Date _____

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