

REQUEST FOR LEGISLATIVE ACTION

Version 6/10/19

Completed by County Counselor's Office:

Res/~~Ord~~ No.: **20650**

Sponsor(s): **Theresa Cass Galvin**

Date: **April 19, 2021**

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|--|--|---|----------|--|-----|--|----------|--|----------|---|--|--------------|--|--|----------|---------------------|-------|------------------------|-------|------------------------------|-----|-------------------------------------|----|------------|--|---------------------------------|----------|---------------------|-------|------------------------|-------|------------------------------|-----|-------------------------------------|----|
| <p>SUBJECT</p> | <p>Action Requested <input checked="" type="checkbox"/> Resolution <input type="checkbox"/> Ordinance</p> <p>Project/Title: Request for funds to be transferred from Full time salaries to hire a Equipment Operator II who will assist in vehicle maintenance/repair of equipment for the Sheriff's office and the Corrections Department.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>BUDGET INFORMATION <i>To be completed By Requesting Department and Finance</i></p> | <table border="1"> <tr> <td>Amount authorized by this legislation this fiscal year:</td> <td>\$49,270</td> </tr> <tr> <td>Amount previously authorized this fiscal year:</td> <td>\$0</td> </tr> <tr> <td>Total amount authorized after this legislative action:</td> <td>\$49,270</td> </tr> <tr> <td>Amount budgeted for this item * (including transfers):</td> <td>\$49,270</td> </tr> <tr> <td colspan="2">Source of funding (name of fund) and account code number:</td> </tr> <tr> <td colspan="2">FROM:</td> </tr> <tr> <td>001-2701-55010 <i>REGULAR SALARIES</i></td> <td>\$40,227</td> </tr> <tr> <td>001-2701-55040 FICA</td> <td>3,077</td> </tr> <tr> <td>001-2701-55050 Pension</td> <td>5,302</td> </tr> <tr> <td>001-2701-55110 Worker's Comp</td> <td>644</td> </tr> <tr> <td>001-2701-55150 Long Term Disability</td> <td>20</td> </tr> <tr> <td colspan="2">TO:</td> </tr> <tr> <td>001-4201-55010 Regular salaries</td> <td>\$40,227</td> </tr> <tr> <td>001-4201-55040 FICA</td> <td>3,077</td> </tr> <tr> <td>001-4201-55050 Pension</td> <td>5,302</td> </tr> <tr> <td>001-4201-55110 Worker's Comp</td> <td>644</td> </tr> <tr> <td>001-4201-55150 Long Term Disability</td> <td>20</td> </tr> </table> <p>* If account includes additional funds for other expenses, total budgeted in the account is: \$</p> <p>OTHER FINANCIAL INFORMATION:</p> <p><input type="checkbox"/> No budget impact (no fiscal note required) <input type="checkbox"/> Term and Supply Contract (funds approved in the annual budget); estimated value and use of contract: Department: _____ Estimated Use: _____</p> <p>Prior Year Budget (if applicable): _____ Prior Year Actual Amount Spent (if applicable): _____</p> | Amount authorized by this legislation this fiscal year: | \$49,270 | Amount previously authorized this fiscal year: | \$0 | Total amount authorized after this legislative action: | \$49,270 | Amount budgeted for this item * (including transfers): | \$49,270 | Source of funding (name of fund) and account code number: | | FROM: | | 001-2701-55010 <i>REGULAR SALARIES</i> | \$40,227 | 001-2701-55040 FICA | 3,077 | 001-2701-55050 Pension | 5,302 | 001-2701-55110 Worker's Comp | 644 | 001-2701-55150 Long Term Disability | 20 | TO: | | 001-4201-55010 Regular salaries | \$40,227 | 001-4201-55040 FICA | 3,077 | 001-4201-55050 Pension | 5,302 | 001-4201-55110 Worker's Comp | 644 | 001-4201-55150 Long Term Disability | 20 |
| Amount authorized by this legislation this fiscal year: | \$49,270 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount previously authorized this fiscal year: | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total amount authorized after this legislative action: | \$49,270 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FROM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 001-2701-55010 <i>REGULAR SALARIES</i> | \$40,227 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | <p>Prior ordinances and (date): _____ Prior resolutions and (date): _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CONTACT INFORMATION</p> | <p>RLA drafted by Carmen Hayes, Human Resources Manager 881-4229</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>REQUEST SUMMARY</p> | <p>This is a request to transfer of account funds in our budget in the amount of \$49,270 to hire 1 Equipment Operator II who will assist with vehicle maintenance/repair of equipment for the Sheriff's Office/Corrections Department. The total amount includes salary plus benefits. Salary is \$40,227, FICA is \$3,077, Pension is \$5,302, Worker's comp is \$644, and Long term disability is \$20.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CLEARANCE</p> | <p><input type="checkbox"/> Tax Clearance Completed (Purchasing & Department) <input type="checkbox"/> Business License Verified (Purchasing & Department) <input type="checkbox"/> Chapter 6 Compliance - Affirmative Action/Prevailing Wage (County Auditor's Office)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|-------------|--|---|------------------------|
| COMPLIANCE | <input type="checkbox"/> MBE Goals <input type="checkbox"/> WBE Goals <input type="checkbox"/> VBE Goals | | |
| ATTACHMENTS | | | |
| REVIEW | Department Director: Michael Montgomery | Date: | |
| | Finance (Budget Approval): <i>If applicable</i> | APPROVED <small>By Mark Lang at 2:38 pm, Apr 05, 2021</small> | Date: |
| | Division Manager: | <i>Thomas M. Schultz</i> | Date: <i>5-8-2021</i> |
| | County Counselor's Office: | <i>Bryan Conish</i> | Date: <i>4/13/2021</i> |

Fiscal Information (to be verified by Budget Office in Finance Department)

- This expenditure was included in the annual budget.
- Funds for this were encumbered from the _____ Fund in _____.
- There is a balance otherwise unencumbered to the credit of the appropriation to which the expenditure is chargeable and there is a cash balance otherwise unencumbered in the treasury to the credit of the fund from which payment is to be made each sufficient to provide for the obligation herein authorized.
- Funds sufficient for this expenditure will be/were appropriated by Ordinance # _____
- Funds sufficient for this appropriation are available from the source indicated below.

| Account Number: | Account Title: | Amount Not to Exceed: |
|-----------------|----------------|-----------------------|
| | | |

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.
- This legislative action does not impact the County financially and does not require Finance/Budget approval.

