BUDGET ADJUSTMENT AUTHORIZATION

Unit	Department	Division	Serial Number
CITY	**Administrative Services**	**Human Resources**	**06-016**

Type of Transaction

- ☐ Revenue Estimate
  - ☐ Estimate Increase
  - ☐ Estimate Decrease
- ☐ Source
  - ☐ From Existing Budget Appropriations
  - ☐ From Donations, Fees, or Grants
  - ☒ From Unappropriated Fund Balance

- ☐ Expenditure Appropriation
  - ☐ Intra-Departmental Transfer
  - ☐ Inter-Departmental Transfer
  - ☐ Project-To-Project Transfer
  - ☒ Appropriation Increase
  - ☐ Appropriation Decrease

Reason for Request:

To appropriate funds from undesignated, available fund balances for the market salary adjustments to the Executive and Confidential units, per staff's recommendation at the October 18, 2005 Council meeting.

Unit	Account	Name	Fund	Organization	Program	Project/Grant	Increase	Decrease
CITY	**5xxxxx**	**Salaries/Benefits**	**101**	**Various**	**Various**	**-**	**$398,866**	**-**
CITY	**340295**	**Undesignated Fund Balance**	**101**	**-**	**-**	**-**	**-**	**$398,866**
CITY	**5xxxxx**	**Salaries/Benefits**	**205**	**1xxxx**	**Various**	**-**	**$1,359**	**-**
CITY	**5xxxxx**	**Maintenance & Operations**	**205**	**1xxxx**	**Various**	**-**	**-**	**$1,359**
CITY	**5xxxxx**	**Salaries/Benefits**	**207**	**1xxxx**	**Various**	**-**	**$1,630**	**-**
CITY	**5xxxxx**	**Maintenance & Operations**	**207**	**1xxxx**	**Various**	**-**	**-**	**$1,630**
CITY	**5xxxxx**	**Salaries/Benefits**	**602**	**14400**	**Various**	**-**	**$8,370**	**-**
CITY	**340295**	**Undesignated Fund Balance**	**602**	**-**	**-**	**-**	**-**	**$8,370**
-	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
-	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Department Authorization:

Department Director _____ Date _____

Budget Verification:

The above information has been reviewed, is complete and accurate, and the appropriations and/or unappropriated funds are sufficient to support the request.

☒ Yes ☐ No

Budget and Research Officer _____ Date _____

Recommendation: ☒ Approval ☐ Disapproval

Reasons For Disapproval:

Director of Finance _____ Date _____

City Manager Action:

☐ Approved ☐ Disapproved ☐ Not Required

City Manager _____ Date _____

City Council Action:

☐ Approved ☐ Disapproved ☐ Not Required

Date _____