COUNTY OF COMAL

REQUEST FOR BUDGET AMENDMENT 01/03/19 DATE OF REQUEST: BUDGET YEAR: 2019 Dept: Various FROM: ACCOUNT NUMBER **DESCRIPTION:** AMOUNT: Administrative Costs (150,532.00)010.042.5998 Contingiency - Personnel (14,651.00)010.042.5996 Contingency - Capital and Non-capital (20,550.00)010.042.5999 Contingency **Facilities Maintenance** 010.016.5515 Pest Control Services (420.00)(6,460.00)010.025.5020 Hourly (1.087.00)010.025.5120 FICA (1,583.00)010.025.5150 Retirement (9,158.00)Health Insurance 010.025.5130 (28.00)**Unemployment Compensation** 010.025.5175 (5.00)010.025.5170 Workers' Compensation (204,474.00)TO: AMOUNT: ACCOUNT NUMBER DESCRIPTION: **Administrative Costs** 40,000.00 010.042.5099 Sick Leave Buy Back 3,060.00 **FICA** 010.042.5120 4,456.00 010.042.5150 Retirement 95,000.00 Short Term Disability 010.042.5160 2,000.00 010.042.5170 Workers' Compensation 010.042.5175 200.00 Unemployment Compensation 5,000.00 010.042.5420 Telephone/Aircard **Facilities Maintenance** 420.00 Office Supplies 010.016.5205 15,000.00 010.016.5375 Repairs - Others DPS 1,000.00 010.018.5020 Hourly **Environmental Health** 2,650.00 Hourly 010.023.5020 203.00 010.023.5120 **FICA** 13.00 **Unemployment Compensation** 010.023.5175 CDA 17,405.00 010.025.5010 Constable #1 Capital Equipment 14,651.00 010.036.5619 Constable #2 550.00 Recurring Contracts 010.037.5841 Parks 2,650.00 Hourly 010.041.5020 203.00 010.041.5120 **FICA** 13.00 010.041.5175 **Unemployment Compensation** 204,474.00 Justification for request: Line-item transfer to adjust 2019 budgeted expenditures Signed: Signed: Department Head Jessie Rahe, County Auditor (Certification of availability of funds in appropriate line items)

IF THE REQUEST IS FOR ACTION OTHER THAN A LINE ITEM TRANSFER WITHIN THE REQUESTING DEPARTMENT'S BUDGET, THE DEPARTMENT HEAD SHALL SIGN THE CERTIFICATION BELOW:

I HAVE THOROUGHLY REVIEWED THE BALANCES IN THE VARIOUS LINE ITEMS IN THE DEPARTMENT BUDGET, COMPARED THESE WITH THE PROJECTED NEEDS FOR THE REMAINDER OF THE BUDGET YEAR, AND DO HEREBY CERTIFY THAT NO FUNDS ARE AVAILABLE WITHIN THE DEPARTMENT BUDGET TO MEET THE NEEDS AS DESCRIBED ABOVE.

Signed:

Department Head