COUNTY OF HUMBOLDT
REQUEST FOR BUDGET TRANSFER/ADJUSTMENT

 # A _____

DEPARTMENT: Natural Resources Division DEPARTMENT #: 289 POSTING DATE: _____

1.) The reason for this budget transfer request is:

	Transfer within expenditure/revenue category (with Auditor Approval)	Original only
x	Transfer between expenditure/revenue category (with CAO & Auditor Approval)	Original +1
	Increase/decrease Intrafund Transfer account (with Board Approval)*	Original +1
	Transfer to or from Contingencies (with Board Approval)*	Original +1
	Increase/decrease budget unit appropriation (with Board approval)*	Original +1
	Establish/transfer funds in Fixed Assets <$10,000 (CAO & Auditor Approval)	Original +1
	Establish/transfer funds in Fixed Assets >$10,000 (with Board Approval)*	Original +1

2.)

	Transfer to Account:		Transfer from Account:	
Amount:	Number:	Name:	Number:	Name:
$ 27,207.00	1720289-1100	Salaries And Wages	1720289-2118	Professional & Special Service
$ 3,588.00	1720289-1450	Unemployment Insura	1720289-2118	Professional & Special Service
$ 18.00	1720289-1470	Health Insurance	1720289-2118	Professional & Special Service
$ 365.00	1720289-1471	Life & Air Travel Insur	1720289-2118	Professional & Special Service
$ 44.00	1720289-1472	Dental Insurance	1720289-2118	Professional & Special Service
$ 7,851.00	1720289-1500	Retirement	1720289-2118	Professional & Special Service
$ 2,082.00	1720289-1600	FICA/Medicare/OASD	1720289-2118	Professional & Special Service

3.) In the space below, state (a) reason for transfer request, (b) reason why there are sufficient balances in affected accounts, and (c) why transfer cannot be delayed until next budget year.

a.) Increase Salaries & Employee Benefits lines for the addition of 1.0 FTE Senior Environmental Analyst.
b.) There is sufficient funding in 2118- Professional & Special Service, allocation of this position will result in a net savings by allowing workload to be shifted from consultants to staff.
c.) Allocation of 1.0 FTE Senior Environmental Analyst is being requested in FY 2020-21 to meet programatic staffing needs.

4.) Department Head Approval: Date _____ (signed) _____

5.) Balances verified by Auditor-Controller Date _____ (signed)

APPROVED
By Karen Paz Dominguez at 10:18 am, Dec 03, 2020

6.) __x___/Approved _____/Not approved _____/Recommended _____/Not recommended

County Administrative Officer: Date _____ (signed)

APPROVED
By Karen Clower at 9:14 am, Dec 09, 2020

INSTRUCTIONS

SEND ORIGINAL REQUEST FOR BUDGET TRANSFER DIRECTLY TO THE AUDITOR-CONTROLLER.

* Requires copy of Board Order to be attached *Revised 03/19* Posted by _____