HERNANDO COUNTY BUDGET AMENDMENT REQUEST FORM FY 2026

REVENUE ACCOUNTS: Account #	Account Name	Present Budget	<u>Decrease</u>	<u>Increase</u>	Amended Budget \$0 0
					0
	TOTAL	\$0	\$0	\$0	\$0
EXPENDITURE ACCOUN	TS:				
Account #	Account Name	Present Budget	Decrease	<u>Increase</u>	Amended Budget
1661-02261-5101200	Salary & Wages - Regular	14,647,646	0	187,200	\$14,834,846
1661-02261-5101400	Salary & Wages - Overtime	995,000	277,200	0	\$717,800
1661-02261-5102300	Life & Health	5,257,160	0	90,000	\$5,347,160
	TOTAL	\$20,899,806	\$277,200	\$277,200	\$20,899,806
Account #	Account Name	Present Budget	<u>Decrease</u>	<u>Increase</u>	Amended Budget
1691-02491-5101200	Salary & Wages - Regular	12,118,200	0	187,200	\$12,305,400
1691-02491-5101400	Salary & Wages - Overtime	569,000	277,200	0	\$291,800
1691-02491-5102300	Life & Health	3,176,343	0	90,000	\$3,266,343
	TOTAL	\$15,863,543	\$277,200	\$277,200	\$15,863,543
Justification: Transfer C	Overtime budget into Regular Salaries and Life &	Health Benefits for Train	ee program (12 FTE's)		
Department Name: HCFR		_	De	partment No.	02261/02491
APPROVAL SIGNATURES	3:				
Department Head:		ī	Date:		
Budget Officer:		ι	Date:		
Legistar # / Mtg. Date:	16551 10/28/25				

Verified By:AG

Date Verified:10/9/25

Fund # 1661/1691 Revised: 9/30/24

BUDGET OFFICE USE ONLY:

Department #02261/02491