HERNANDO COUNTY
BUDGET AMENDMENT REQUEST FORM
FY 2024

REVENUE ACCOUNTS:

Account #	Account Name	Present Budget	Decrease	Increase	Amended Budget
					$0
					0
					0
					0
					0
					0
					0
					0
					0
	TOTAL	$0	$0	$0	$0

EXPENDITURE ACCOUNTS:

Account #	Account Name	Present Budget	Decrease	Increase	Amended Budget
					$0
1661-02261-5101200	Salaries - Wages	13,770,569	0	34,852	13,805,421
1661-02261-5102100	FICA Taxes	1,128,037	0	2,666	1,130,703
1661-02261-5102200	Retirement Contributions	4,006,759	0	4,733	4,011,492
1661-02261-5102300	Life & Health Ins	2,831,576	0	13,146	2,844,722
1661-02261-5102400	Workers Comp Premiums	785,913	0	52	785,965
1661-02261-5951210	Trans-Hlth Self Ins	295,755	0	855	296,610
1661-02261-5909910	Reserves for Conting	10,545,197	56,304		10,488,893
					0
	TOTAL	$33,363,806	$56,304	$56,304	$33,363,806

Account #	Account Name	Present Budget	Decrease	Increase	Amended Budget
					$0
1691-02491-5101200	Salaries - Wages	8,254,141	0	26,291	8,280,432
1691-02491-5102100	FICA Taxes	673,228	0	2,011	675,239
1691-02491-5102200	Retirement Contributions	2,417,587	0	3,570	2,421,157
1691-02491-5102300	Life & Health Ins	1,620,238	0	9,916	1,630,154
1691-02491-5102400	Workers Comp Premiums	455,872	0	39	455,911
1691-02491-5951210	Transf-Hlth Self Ins	180,180	0	645	180,825
1691-02491-5909910	Reserves for Conting	6,592,114	42,472		6,549,642
					0
	TOTAL	$20,193,360	$42,472	$42,472	$20,193,360

Justification: To add a Senior Project Manager for 9 months.

Department Name: HCFR **Department No.** 02261 & 02491

APPROVAL SIGNATURES:

Department Head: [signature] **Date:** 10/26/23

Budget Officer: **Date:**

Legistar # / Mtg. Date: LS # 13026 Mtg: 11/7/23

BUDGET OFFICE USE ONLY:
Fund # 1661, 1691 Department # 02261, 02491 Verified By: T.T. Date Verified: 10/26/2023 BA2024-010

Revised: 9/20/23