HERNANDO COUNTY BUDGET AMENDMENT REQUEST FORM FY 2024

REVENUE ACCOUNTS: <u>Account #</u>	Account Name	Present Budget	<u>Decrease</u>	<u>Increase</u>	Amended Budget \$0
					0 0 0
					0 0 0
	TOTAL	\$0	\$0	\$0	\$0
EXPENDITURE ACCOUN	TS:				
Account #	Account Name	Present Budget	<u>Decrease</u>	<u>Increase</u>	Amended Budget
0011-01531-5101200	SALARIES & WAGES-REGULAR	671 629		6 110	\$0 677.749
		671,638		6,110	677,748
0011-01531-5102100	FICA TAXES-MATCHING	51,381		531	51,912
0011-01531-5102200	RETIREMENT CONTRIBUTIONS	103,461		967	104,428
0011-01531-5102300	LIFE & HEALTH INSURANCE	186,791		1,592	188,383
0011-01531-5102400	WORKERS COMP PREMIUMS	13,588		10	13,598
0011-01751-5101200	SALARIES & WAGES-REGULAR	1,125,264		15,275	1,140,539
0011-01751-5102100	FICA TAXES-MATCHING	86,083		1,327	87,410
0011-01751-5102200	RETIREMENT CONTRIBUTIONS	192,458		2,419	194,877
0011-01751-5102300	LIFE & HEALTH INSURANCE	377,478		3,982	381,460
0011-01751-5102400	WORKERS COMP PREMIUMS	2,735		23	2,758
0011 01701 0102100	WOTALERO GOME TREMIONIO	2,700		20	-
0011-05981-5909910	Budget Res for Contingno	779,751	32,236		747,515
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					0
	TOTAL	\$3,590,628	\$32,236	\$32,236	\$3,590,628
Justification:					
	ost for new personnel addition, Development Ser	vices Facilitator.			
Department Name	: Code Enforcement, Planning & Zonir	ng	De	epartment No.	01531,01751
					& 05981
APPROVAL SIGNATURES	S:				
Department Hea	d:	D	Date:		
Budget Officer:		Date:			
Legistar # / Mtg. Date:	13712 2/27/24				
BUDGET OFFICE USE ON	ILY:				
Fund # 0011	Department # 01531, 01751,05981	Verified By: T.T.	Date Verified: 02	2/19/2024	BA2024-056
Revised: 9/20/23	2 3 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Dato vormou. UZ	.,,	D. II. 32 1 000

Revised: 9/20/23