

FY 2017 Budget Amendment Request Form

Date: 03/07/17

Department: Building Safety

Contact person: Lewis Watts Jr.

Phone #: 540-507-7231

Explanation of need for budget amendment:

The Building Safety Office currently hires a clerk through a staffing agency. In the past two years, we have been through three workers and are currently on our fourth. It has been difficult to retain a qualified worker for any length of time. The staffing agency charges \$12.15 per hour which at 30 hours per week equals \$18,954 per year. However, the agency pays its workers approximately \$8-8.50 per hour.

In an effort to bring stability to this position and to ensure the duties of the position are completed, the Building Safety Office would like to use existing Other Professional Services funds to hire a part-time Clerk to cover the duties originally planned to be covered by the position hired through the staffing agency. The starting salary would be \$12.95 per hour based on the County's minimum hourly rate for a Clerk position at 28 hours per week, totaling an annual cost of approximately \$20,500. If approved for FY 2017, this will impact the FY 2018 Budget and future budgets, as well.

This budget adjustment shifts the funding needed for the remainder of FY 2017 from the Other Professional Services account to the Part-Time account.

Reminder: Agenda item summary must be attached if BOS approval is required.

Revenue accounts affected:

Account Number		Amount	
Acct #		\$	
	Total Revenue Adjustment	\$	

Expenditure accounts affected:

Account Number		Amount	
Acct #	260-3410-424.31-90 – Other Professional Services	\$	(3,125)
	260-3410-424.13-01 – Part-Time	\$	2,901
	260-3410-424.21-01 – FICA	\$	180
	260-3410-424.21-02 – Medicare	\$	42
	260-3410-424.27-10 – Workers Comp	\$	2
	Total Expenditure Adjustment	\$	0

Note: If amendment is between expenditure accounts only, net impact must be zero.

Transfer requests must be signed by the requestor(s). In the case of transfers between departments or capital projects, the transfer request must be signed by the director of each affected department, or by the project manager of each affected capital project. A typed signature will be accepted.

Name, Department

Name, Department

Recommendations

Budget: ☒ recommended ☐ not-recommended

Explanation if not recommended:

County Admin: ☒ recommended ☐ not-recommended

Explanation if not recommended:

Finance Committee: ☒ recommended ☐ not-recommended

Explanation if not recommended:
