

**CITY OF OVIEDO
BUDGET TRANSFER/AMENDMENT DETAIL FORM**

Department/Division Recreation & Parks / 7208

Dept. Authorization *[Signature]*

Account Number	Fund / Account Description	Funds to be transferred From:	Funds to be transferred To:
001-7208-572.12-10	Regular	- 24,163	
001-7208-572.13-20	Temporary	- 3,845	
001-7208-572.13-10	Part-time		+ 33,842
001-7208-572.21-00	FICA/Medicare		+ 561
001-7208-572.22-10	Retirement	- 242	
001-7208-572.23-05	Health	- 6,077	
001-7208-572.23.10	Life	- 95	
001-7208-572.23.15	LT Disability	- 302	
001-7208-572.24-00	Workers Compensation		+ 322

TOTAL	\$34,725	\$34,725
	-----Must Balance-----	
	(Do not use cents)	

Notes / Comments

Staff is requesting the hiring of (2) Head Lifeguards at 30 hours each. The above adjustments reflect budget transfers. Staff is also requesting the deduction of 1040 hours from 001-7208-572.13-20 (Temporary) in order to balance FTE's.
Life Guard's Temp Positions will be reduced to accomodate reduction in hours.

Approved By: Check Appropriate Box	City Council: Exceeds \$65,000	Informational Note Only: Programs/Capital not budgeted must be presented to Council	Resolution # <u>2013-005</u>
	City Manager: Less than \$65,000		Approval Date _____
	Mgt Srvc Director: Internal		BA # - Internal Numbering Seq. _____