

Attachment "1"



CITY OF ESCONDIDO

BUDGET ADJUSTMENT REQUEST

Date of Request: 12/07/2022

Department: Finance

Division: _____

Project/Budget Manager: Christina Holmes 4620
Name Extension

Council Date (if applicable): 12/07/2022
(attach copy of staff report)

For Finance Use Only

Log # _____

Fiscal Year _____

_____ Budget Balances
 _____ General Fund Accts
 _____ Revenue
 _____ Interfund Transfers
 _____ Fund Balance

Project/Account Description	Account Number	Amount of Increase	Amount of Decrease
Regular Full-Time	5001-001-500	210,300	
Other Employee Overhead	5025-001-500	3,240	
PERS - Normal Cost	5026-001-500	39,350	
Workers Comp	5028-001-500	26,410	
Fund Balance	3050-001-000		279,300

Explanation of Request:

FY 2022/23 increased contract costs due to approval by the City Council of the Memorandum of Understanding between the City and the Escondido Police Officers' Association bargaining unit.

APPROVALS

DocuSigned by:

Christina Holmes

11/29/2022

Department Head

DocuSigned by:

Jodi Coco

11/29/2022

Finance

F22DD68BFC2B4F3...

Date

City Manager

Date

City Clerk

Date

Distribution (after approval):

Original: Finance