

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	5001-001-600	129,100	
Other Employee Overhead	5025-001-600	1,990	
PERS - Normal Cost	5026-001-600	23,230	
Workers Comp	5028-001-600	8,440	
Fund Balance	3050-001-000		162,760

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 Firefighters' Association bargaining unit.

DocuSigned by:

APPROVALS

Christina Holmes 11/29/2022

Department Head 60C8E98A934247C... Date

City Manager _____ Date

Jodi Coco 11/29/2022

Finance F22DD68BFC2B4F3... Date

City Clerk _____ Date

Distribution (after approval):

Original: Finance