

## Levy County Board of County Commissioners Agenda Item Summary Form

| 1 | L.   | Name:  |   | Wilbur Dean              |      |       |
|---|--|--|---|--------------------------|------|-------|
| 2 | 2.   | Organization/Title/Telephone:  |   | BOCC/County Coordinator  |      |       |
| 3 | 3.   | Meetii   | ng Date:  | Tuesday, October 6, 2020 |      |       |
|   | ılin   | Reques   | sted Motion/Action:<br>Sting the Levy County Board of Count<br>mount effective for 10/1/2020, to be | •                        | •    |       |
| 5 | 5.   | Agend  | a Presentation:   | Yes □                    | No □ | N/A ⊠ |
| 6 | <b>6. Time Requested:</b> Click or tap to enter a date. (Request will be granted if Possible) allotted time not more than 15 minutes |  |   |                          |      | tes   |
| 7 | 7.   | Is this  | Item Budgeted (If Applicable):  | Yes □                    | No □ | N/A □ |
| 8 | 3.   | If no, State Action Required:  |   |                          |      |       |
|   |  | a.   | <b>Budget Action:</b>   |                          |      |       |
|   |  | b.   | Financial Impact Summary Statement:   |                          |      |       |
|   |  | c.   | <b>Detailed Analysis Attached</b>   |                          |      |       |
|   |  | d.   | <b>Budget Officer Approval:</b>   |                          |      |       |
|   |  | If approved enter date: Click or tap to enter a date.  |   |                          |      |       |
| g | ).   | Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)   |   |                          |      |       |
|   |  | As a matter of goodwill extended to our employees, but primarily to expedite processing and save additional processing costs, accrual accounting notwithstanding, assuming union agreements are considered minimum and nothing contained therein should prohibit the BOCC from going above and beyond the agreement. |   |                          |      |       |
| 1 | L <b>O</b> .   | Recom  | mended Approval   |                          |      |       |
|   |  | a.   | <b>Department Director:</b>   | Yes ⊠                    | No □ | N/A □ |
|   |  | b.   | County Attorney:  | Yes □                    | No □ | N/A □ |
|   |  | c.   | County Coordinator:   | Yes ⊠                    | No □ | N/A □ |
|   |  | d.   | Other:  | Yes ⊠                    | No □ | N/A □ |