

Request For Staff Position Base Revision

(Change in Employment Plan)

FY: 09-10 **Effective Date:** 8/1/09 **Organizational Unit:** Management

Position Title or Account Description	Position Number	Commitment Item	Current Budgeted Amount	New Budgeted Amount	Organization Unit ID	Fund Center	Increase Amount +	(Decrease) Amount -
Manager	30026001	501100	\$56,000.00	\$0	11000850	271090005	\$	\$56,000.00
Fringe Benefits Pool (Manager)	-	520000	-	-	11000850	271090005	\$	\$16,111.12
Coordinator #1	30028005	501100	\$0	\$28,000.00	11000850	271090005	\$28,000.00	\$
Coordinator #2	30028006	501100	\$0	\$28,000.00	11000850	271090005	\$28,000.00	\$
Fringe Benefits Pool (Coordinators)	-	520000	-	-	11000850	271090005	\$21,350.12	\$
Operating Pool	-	550000	-	-	11000850	271090005	\$	\$5,239.00
			\$	\$			\$	\$
			\$	\$			\$	\$
						TOTAL	\$77,350.12	\$77,350.12

Explanation

Re-organization to replace Manager position with 2 Coordinator positions. Excess funding for benefits provided from operating pool.

Approval

Form Initiator's Name: N. Cayou

Form Initiator's Phone: x7720

VP

An email from VP with this form attached is acceptable.