

**FY 10 Budget Amendment - Authorized Positions
Number 10 - XX**

ADMINISTRATIVE BUDGET AMENDMENT - POSITION

Approval Type <input type="radio"/> Legislative <input checked="" type="radio"/> Administrative		Amendment Type <input checked="" type="radio"/> Reallocation <input type="radio"/> Changes Total Positions Auth. For Dept.	
Budget Amendment (Funding) Prepared <input type="radio"/> Yes <input checked="" type="radio"/> No		ID No. of Budget Amendment (Funding):	n/a
Date:	Requesting Dept:	Contact:	
Purpose of Amendment:			

Position Title:		Status:		Position No.:	
Employee		Action		Effective Date	
Fund		Dept		Allocation	
No.	Name	No.	Name	Hrs per wk	% per fund
Current Allocation					
				Total:	0.0
New Allocation					
				Total:	0.0

Position Title:		Status:		Position No.:	
Employee		Action		Effective Date	
Fund		Dept		Allocation	
No.	Name	No.	Name	Hrs per wk	% per fund
Current Allocation					
				Total:	0.0
New Allocation					
				Total:	0.0

General Fund Fiscal Impact - current year and future years.					
Net Change in FTE				0.0	0.00

Approvals (Initial/Date)

BOS (date only): _____ N/A	Funding Dept: _____
CAO: _____	Supervising Dept: _____
OMB: _____	HR: _____
	Finance Director: _____

Regular - full-time
 Regular - part-time
 Grant - Limited Term
 Limited Term

Header: Obtain the budget amendment number from the Office of Management & Budget (OMB). Don't include the language "Resolution Adopting"

Approval Type: Choose "Administrative"

Amendment Type: Choose the appropriate type. (Reallocation = moving existing positions around, Changes Total Positions = Adding/subtracting to existing position count)

Budget Amendment (Funding) Prepared: Indicate whether a corresponding funding budget amendment has been prepared. Otherwise, enter N/A.

ID No. of Authorized Positions Amendment: If applicable, indicate the number of the corresponding funding budget amendment.

Date: Indicate the date of preparation

Contact: Please list the person to contact with questions

Purpose of Amendment: Explain the purpose of the amendment (see sample for language)

Allocation sections:

Please complete all boxes (see sample)
 For "Status", please enter 1 of the 4 status categories listed at the bottom of the form
 For "Position No.", enter the applicable No. If this is a new position, put TBA or New
 Use a separate Allocation section for each position. Exception - new positions with IDENTICAL classifications, funding, etc. In this instance, you can use one section since there are no positions numbers

General Fund Fiscal Impact: Explain current and future impact. If none, please indicate "No General Fund impact"

Net Change in FTE: The total of all completed Allocation sections.

General: If more than 1 page is required, please add Page 1 of X, Page 2 of X, etc. to the bottom of the pages. Please obtain initials and dates for the Funding and Supervising departments and send to OMB.

Refer to BOS Resolution No. 06-35 for the policy on Legislative vs. Administrative approval:
http://www.co.yuma.az.us/admin/PDF/POL-BudAdmin_PostnCntrl_061206.pdf
 Grant Management Policy Link:
<http://www.co.yuma.az.us/admin/PDF/POL-GrantMgmt.pdf>
 Administrative Procedures Link:
<http://www.co.yuma.az.us/admin/PDF/AdminProc-BudAuthorityChanges.pdf>