

For  
 Controller's  
 Office  
 Use  
 Only

Agency/Department Name: Public Health								
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)	
							Revenue	Expenditure
1	Permanent Employees	0001	0410	2918	5101000	S7A		(53,563.00)
2	Retiree Medical Insurance	0001	0410	2918	5110100			(963.00)
3	Health Insurance	0001	0410	2918	5110200			(5,265.00)
4	Unemployment Insurance	0001	0410	2918	5110300			(143.00)
5	Fica - Employer Share	0001	0410	2918	5110400			(3,226.00)
6	Medicare Tax - Employer Share	0001	0410	2918	5110500			(779.00)
7	PERS - Retirement	0001	0410	2918	5110600			(5,063.00)
8	PERS - UAAL	0001	0410	2918	5110700			(690.00)
9	Workers' Compensation	0001	0410	2918	5110700			(1,165.00)
10	Permanent Employees	0001	0410	2995	5101000	S48		38,025.00
11	Retiree Medical Insurance	0001	0410	2995	5110100			963.00
12	Health Insurance	0001	0410	2995	5110200			5,265.00
13	Unemployment Insurance	0001	0410	2995	5110300			99.00
14	Fica - Employer Share	0001	0410	2995	5110400			2,358.00
15	Medicare Tax - Employer Share	0001	0410	2995	5110500			549.00
16	PERS - Retirement	0001	0410	2995	5110600			3,582.00
17	PERS - ER PD	0001	0410	2995	5110601			2,799.00
18	PERS - UAAL	0001	0410	2995	5110700			486.00
19	Workers' Compensation	0001	0410	2995	5110700			828.00
20	Transportation - Other	0001	0410	2995	5285210			15,903.00
21								
22	Transfer from trust fund (Fund # _____)							
23	Transfer from fund balance (Fund # _____)							
24	Others - Describe: _____							
25								
26	Total forwarded from other pages (Page 2) _____							

**TOTAL** 0.00 0.00

Recognize new expenditure/revenue (ongoing)  
 Recognize new expenditure/revenue (one-time)  
 Re-appropriate prior year unspent expenditures (one-time)  
 Others  
 Brief Description: Add & Delete position. Internal budget transfers within the Public Health Dept

<b>SAP Document numbers</b>  FM _____  Entered to SAP by: _____ Date entered : _____  <b>Transmittal # 021</b>  BU410T003	<b>Prepared By :</b> Name (print): <b>Tuan Nguyen</b> Telephone: <b>885-3884</b>  <b>Clerk of the Board</b> Approved by the Board of Supervisors  Clerk of the Board By: _____ Date _____
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(Forward original to The Controller-Treasurer Department)

Page 2 of 2		COUNTY OF SANTA CLARA REQUEST FOR APPROPRIATION MODIFICATION FISCAL YEAR = 2009					Transmittal #: _____		F - 85	
Agency/Department Name:									For Controller's Office Use Only	
Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)			
							Revenue	Expenditure		
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68	Page Total - Enter here and on Page 1, Line 20							0.00	0.00	