

Agency/Department Name: _____

Line #	Description	Fund	Superior Fd Cntr	Cost Center	G.L. Account	Project Definition/ Employee Class	Amount (in Dollars)		
							Revenue	Expenditure	
1	Permanent Employees	0001	501	4870	5101000	A1V		(95,652.00)	
2	Permanent Employees	0001	501	4870	5101000	X17		(47,634.00)	
3	Permanent Employees	0001	501	4870	5101000	R3C		(47,040.00)	
4	Permanent Employees	0001	501	4870	5101000	J36		(69,096.00)	
5	Permanent Employees	0001	501	4870	5101000	H56		(69,448.00)	
6	Permanent Employees	0001	501	4870	5101000	H60		(49,560.00)	
7	Permanent Employees	0001	501	4870	5101000	H66		(46,080.00)	
8	Permanent Employees	0001	501	4870	5101000	M47		(58,048.00)	
9	Permanent Employees	0001	501	4870	5101000	H21		(95,232.00)	
10	Permanent Employees	0001	501	4870	5101000	X21		(263,664.00)	
11	Permanent Employees	0001	501	4870	5101000	X31		(1,955,504.00)	
12	Permanent Employees	0001	501	4870	5101000	X24		(538,816.00)	
13	Budget Salary Reduction	0001	501	4870	5107100			1,766,191.00	
14	CWS -IV E	0001	501	5400	4511200		(264,377.00)		
15	Reserves - Future Operations	0001	501	4870	5705000			1,305,206.00	
16									
17									
18									
19									
20									
21									
22									
23	Transfer from trust fund (Fund # _____)								
24	Transfer from fund balance (Fund # _____)								
25	Others - Describe:								
26									
27	Total forwarded from other pages (Page ____ to ____)								
TOTAL							(264,377.00)	(264,377.00)	

REASON FOR REQUEST: (Require to check one and indicate brief description)

Recognize new expenditure/revenue (ongoing)
 Recognize new expenditure/revenue (one-time)
 Re-appropriate prior year unspent expenditures (one-time)
 Others - Children Shelter Reduction in FY '10

Brief Description: CHS reduction for FY '10 - total 55 codes will be eliminated in FY '10, 51 codes (2 half time Children Counselor) will be gone by October 18, 2009; the rest of 4 codes will be eliminated by January 10, 2010.

SAP Document numbers	Prepared By :
FM _____	Name (print): Beemay Fan
Entered to SAP by: _____	Telephone: 491-6779
Date entered : _____	SSA CFO: <i>Michaelson for Sandra Saldaña</i>
Transmittal # 56	Clerk of the Board
	Approved by the Board of Supervisors
	Clerk of the Board By: _____ Date _____