



Abby Cochran

**RCA Request for Council Action**  
**SUBJECT AND PURPOSE INFORMATION**

Requestor

09/23/2016

Date

An ordinance is required to approve revision to the Salary Ordinance for Supervisory Personnel

Please describe nature of action requested (type of legislation requested; nature of agreement, amendment, or communication, etc.) **in detail.**

Street address, City, ST, ZIP Code (if applicable, i.e., contracts, agreements, etc.)

**Type of Request**

Discussion Item on Agenda

Ordinance

Motion Resolution

Resolution

Statutory Resolution

Previous Related Legislation \_\_\_\_\_

Waiver

Emergency

**Funding. If Supplemental Needed [Account Number and Name]**

Amount

From the unappropriated, unencumbered balance of the \_\_\_\_\_ Fund

To Account No.

To Account Name

**Funding. If Already Appropriated [Account Number and Name]**

Amount

Account No.

Account Name

**Funding. If Transfer Needed [attach page 2 transfer table]**

\*Attach additional documentation, if applicable.

Page 2 attachment for budget/fund transfers

Approved by Finance

