



Abby Cochran

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

Requestor

11/28/2016

Date

Requesting Council to approve legislation to authorize the Mayor to sign the Pay Plan Administration

Policy, effective January 1, 2017.

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

