

Joann Bury Requestor

SUBJECT AND PURPOSE INFORMATION		04/25/2016	
		Date	
Rescind ORD-0091-2015 and re	place by amendment to change	the effective date of the OPERS	
amended salary reduction and p	ick-up plan to July 3, 2016.		
Please describe nature of action requor communication, etc.) in detail.	ested (type of legislation requested;	nature of agreement, amendment,	
Street address, City, ST, ZIP Code (if ap	plicable, i.e., contracts, agreements	, etc.)	
Type of Request			
Discussion Item on Agenda		Motion Resolution	
Resolution	Statutory Resolution	Previous Related Legislation	
W	aiver Emer	gency	
Funding. If Supplemental Needed [Ac	count Number and Name]		
Amount From the unappropriated, unencumber	ered balance of the	Fund	
To Account No.	To Account Name		
TO ACCOUNT NO.	TO ACCOUNT NAME		
Funding. If Already Appropriated [Acc	count Number and Name]		
Amount			
Account No.	Account Name		
Funding. If Transfer Needed (attach po	age 2 transfer table]		
*Attach additional documentation, if	applicable.		
Page 2 attachment for budget/fo	und transfers		
✓ Approved by Finance			

Page 2: Budget/Fund Transfers Table

AMOUNT	FROM ACCT. NAME	ACCOUNT NO.	TO ACCOUNT NAME	ACCOUNT NO.