**CITY OF MADISON** **Priority # \_\_\_**     **\_\_\_**

 **2014 Supplemental Budget Request**

**Agency:** 29

**Title of Request:**  Real Estate Agent 2 -- Hire January 1, 2014

**Description of Supplemental Budget Request:**

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| To meet budget, EDD has requested to fill the Real Estate Agent 2 position in August 2014. This supplemental request asks that the position be filled in January 2014.  |

|  |  |
| --- | --- |
| **Service # Affected** | **29300** |
|  |
| **Accounts Affected** (Attach a more detailed account/ service breakdown if appropriate.) |
|  |  |  |  |
| **Expenses** |  | Total Amount |
| 51100 - Permanent Salaries |  | $ | 31841.01 |
| 51120 - Premium Pay |  | $ |       |
| 51200 - Hourly Wages |  | $ |       |
| 51300 - Overtime Wages |  | $ |       |
| 52000 - Benefits |  | $ | 11526.45 |
|  |  |  |  |
| 54000’s - Purchased Services |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 55000’s - Supplies |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 56000’s - Inter-departmental Charges |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 58000 - Capital Assets |  | $ |       |
|  |  |  |  |
| **Total Expense** |  |  | **$** |       |
|  |  |  |  |
| **I/D Billings/Revenue** |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
| **Net Impact** |  |  | **$** | 43367.46 |
|  |  |  |  |

|  |
| --- |
| **THIS IS A REQUEST TO:** |
|  |  |
| [ ]  | Continue an existing service or program |
| [x]  | Expand or increase an existing service or program |
| [ ]  | Add a new service or program |
|  |  |
| Notes: |
| To meet budget salary $24941.31; request for full year $56782.32To meet budget benes $9028.75; request for full year $20555.20 |
| Does this request impact any results tracked by performance measures, including Madison Measures? [ ]  Yes [ ]  NoIf Yes, which measure(s) is it? Please quantify the potential impacts to the extent possible. |
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|  |
| INSTRUCTIONSThis form is to be used for 2014 Operating Budget requests that exceed your agency's target. A form should be completed for each individual decision item. Please submit these supplemental request forms along with your base budget submission. |