

Legislation Text

#### File #: 23-0004, Version: 1

Department: Sheriff Department Head/Elected Official: Ed Gonzalez, Sheriff

**Regular or Supplemental RCA:** Regular RCA **Type of Request:** Financial Authorization

Project ID (if applicable): N/A Vendor/Entity Legal Name (if applicable): N/A

MWDBE Contracted Goal (if applicable): N/A MWDBE Current Participation (if applicable): N/A Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

### **Request Summary (Agenda Caption):**

Request for approval to correct the payroll record and a one-time payment to compensate an employee due to an administrative error.

**Background and Discussion:** No FTC Incentive was paid from the time of transfer to 54060500.

**Expected Impact:** The employee is due \$2,907.72 over the 2020-2021, 2021-2022 and 2022-2023 pay periods.

#### Alternative Options:

N/A

# Alignment with Goal(s):

- X-Justice and Safety
- \_ Economic Opportunity
- \_ Housing
- \_ Public Health
- \_ Transportation
- \_ Flooding
- \_ Environment
- \_ Governance and Customer Service

### **Prior Court Action** (if any):

Date	Agenda Item #	Action Taken

### Location:

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Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name				
	FY 23	FY 24	Next 3 FYs	
Incremental Expenditures (do NOT w	rite values in t	housands or millions	5)	
Labor Expenditures	\$	\$	\$	
Non-Labor Expenditures	\$	\$	\$	
Total Incremental Expenditures	\$	\$	\$	
Funding Sources (do NOT write value	es in thousands	or millions)		
Existing Budget				
Choose an item.	\$	\$	\$	
Choose an item.	\$	\$	\$	
Choose an item.	\$	\$	\$	
Total Current Budget	\$	\$	\$	
Additional Budget Requested				
Choose an item.	\$	\$	\$	
Choose an item.	\$	\$	\$	
Choose an item.	\$	\$	\$	
Total Additional Budget Requested	\$	\$	\$	
Total Funding Sources	\$	\$	\$	
Personnel (Fill out section only if reques	ting new PCNs)			
Current Position Count for Service	-	-	-	
Additional Positions Requested	-	-	-	
Total Personnel	-	-	-	

## Anticipated Court Date: 1/10/2023

Anticipated Implementation Date (if different from Court date):

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Antionette Taylor, Payroll coordinator, H.R.

Attachments (if applicable): Payroll Correction form