

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:

Add	res	S	(i	if	appl	ica	b	le)):	
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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