

APPROPRIATION ADJUSTMENT REQUEST

2. Department Name

Dept of Health + Human Svs.

Department Name (if applicable)

07 APR 3/

Date

4/11/07

4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
SOURCE OF FINANCING	001A	5705701	7100000	Reserve	2,989,812
	001A	7201600	69699000	Intrafund Cost Recovery	2,388,237
USE OF FINANCING	001A	7201600	40805000	Purchase for Reissue	2,388,237
	001A	7201500	60642000	Pharmacy Sup	2,388,237
	001A	7202000	30312100	Provider Payments	601,575

5. JUSTIFICATION (Attach Memo if Necessary)

Release Reserves To Cover Additional Costs Resulting From Labor Actions That Occurred During Fiscal Year 2006-07 Labor Negotiations

Department Head

Lyan Frank

Department Head (if applicable)

By:

Susan M. Parent

Date

4-11-07

By:

Date

6. ACTION

- Dept. Head Approval(s) only required
- Board Action Required
- Four-Fifths Vote Required

Auditor-Controller

By:

Cynthia L Berg

Date

4/13/07

7. APPROVAL

- Approve
- Disapprove

County Executive

By:

M Bennett - Tuesday for P. Clarke

Date

4-13-07

8. RESOLUTION

On a motion by Supervisor \_\_\_\_\_, seconded by Supervisor \_\_\_\_\_ the foregoing resolution was passed and adopted by the BOARD OF SUPERVISORS of the County of Sacramento, State of California, this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ by the following vote, to wit:

AYES: Supervisors,  
NOES: Supervisors,  
ABSENT: Supervisors,

Resolution Number \_\_\_\_\_

CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA

(SEAL)

ATTEST:

CLERK OF THE BOARD OF SUPERVISORS

Distribution (Board of Supervisor Approved)

White - Board of Supervisors  
Blue - Department Approved Copy  
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