

COUNTY OF SACRAMENTO

1. REQUEST NUMBER  
29-018

# APPROPRIATION ADJUSTMENT REQUEST

2. Department Name  
Public Defender/CCD

Department Name (if applicable)

3. Date  
2/5/09

## 4. REQUEST ADJUSTMENT OF APPROPRIATION AS LISTED BELOW

SOURCE OF FINANCING	FUND#	INDEX#	ACCOUNT	ACCOUNT TITLE	AMOUNT
	001A	5980000	79790100	Contingency	3,000,000
	001A	5705701	98988000	Operating Transfer In	2,158,432
USE OF FINANCING	001A	6916910	10111000	Regular Employees	2,442,042
	001A	5515518	20253100	Legal Services	2,716,380

## 5. JUSTIFICATION (Attach Memo if Necessary)

See attached Board letter.

Department Head  
By: *[Signature]*

Department Head (if applicable)  
By: *[Signature]* Date: 2/5/09

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

Auditor-Controller  
By: *[Signature]* Date: 2/5/09

7. APPROVAL  
 Approve  
 Disapprove

County Executive  
By: *[Signature]* Date:

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 \_\_\_\_\_

(SEAL)  
ATTEST: \_\_\_\_\_  
CLERK OF THE BOARD OF SUPERVISORS

CHAIR OF THE BOARD OF SUPERVISORS OF SACRAMENTO COUNTY CALIFORNIA