

Exp/Rev/FTE - Budget Modification

Budget Year: 2018

Budget Modification: HD-28-18

Expenditures & Revenues

An increase in revenue is shown as a negative value and a decrease as a positive value for consistency with SAP.

Line No.	Program Offer Number	Fund Code	Fund Center	Func. Area	Cost Object	Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal
1	40024-18	10010	40-45	0030	44585-10-10010	60000 - Permanent	183,212	174,827	(8,385)	
2	40024-18	10010	40-45	0030	44585-10-10010	60100 - Temporary	12,026	21,458	9,432	
3	40024-18	10010	40-45	0030	44585-10-10010	60130 - Salary Related Expns	67,765	63,557	(4,208)	
4	40024-18	10010	40-45	0030	44585-10-10010	60135 - Non Base Fringe	1,018	2,905	1,887	
5	40024-18	10010	40-45	0030	44585-10-10010	60140 - Insurance Benefits	39,773	40,575	802	
6	40024-18	10010	40-45	0030	44585-10-10010	60145 - Non Base Insurance	223	695	472	
10010 Total										0
40-45 Total										0
Program Offer Number 40024-18 Total										0
7	40027-18	10010	40-70	0030	47700-00-10010	60000 - Permanent	75,645	69,277	(6,368)	
8	40027-18	10010	40-70	0030	47700-00-10010	60100 - Temporary	14,110	20,478	6,368	
9	40027-18	10010	40-70	0030	47700-00-10010	60130 - Salary Related Expns	28,944	26,909	(2,035)	
10	40027-18	10010	40-70	0030	47700-00-10010	60135 - Non Base Fringe	2,218	4,253	2,035	
11	40027-18	10010	40-70	0030	47700-00-10010	60140 - Insurance Benefits	29,649	29,196	(453)	
12	40027-18	10010	40-70	0030	47700-00-10010	60145 - Non Base Insurance	261	714	453	
10010 Total										0
40-70 Total										0
Program Offer Number 40027-18 Total										0
13	72020-18	3500	72-80	0020	705210	50316 - Svc Rmb Med/Dental	(81,243,601)	(81,244,875)	(1,274)	
14	72020-18	3500	72-80	0020	705210	60330 - Claims Paid	7,526,350	7,527,624	1,274	
3500 Total										0

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	72-80 Total									0
				Program Offer Number 72020-18 Total						0

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Annualized Personnel Changes

Change is shown on a full year basis even though this action affects only a part of the fiscal year (FY).

						Annualized				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
701377	6012	Clinic Medical Assistant	67037	10010	44585-10-10010	0.75	28,762	9,186	13,742	51,690
701377	6303	Licensed Comm Practical Nurse	67037	10010	44585-10-10010	(0.75)	(45,533)	(17,603)	(12,137)	(75,273)
716703	6012	Clinic Medical Assistant	66830	10010	47700-00-10010	1.00	38,350	12,248	18,322	68,920
716703	6303	Licensed Comm Practical Nurse	66830	10010	47700-00-10010	(1.00)	(50,641)	(16,175)	(19,196)	(86,012)
Total Annualized Changes:						0.00	(\$29,062)	(\$12,344)	\$731	(\$40,675)

Current Year Personnel Changes

Cost/savings that will take place in this FY; these explain the actual dollar amounts being changed by this BudMod.

						Current Year				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
701377	6012	Clinic Medical Assistant	67037	10010	44585-10-10010	0.38	14,381	4,593	6,871	25,845
701377	6303	Licensed Comm Practical Nurse	67037	10010	44585-10-10010	(0.38)	(22,766)	(8,801)	(6,069)	(37,636)
716703	6012	Clinic Medical Assistant	66830	10010	47700-00-10010	0.50	19,175	6,124	9,161	34,460
716703	6303	Licensed Comm Practical Nurse	66830	10010	47700-00-10010	(0.50)	(25,543)	(8,159)	(9,614)	(43,316)
Total Current FY Changes:						0.00	(\$14,753)	(\$6,243)	\$349	(\$20,647)