

## Agenda Item Summary

**Subject:** Employee Vacation/Sick Leave Buyback Program

**Item No.** F-16

**Placed on Agenda by:** City Manager

**Total Amount of Project:** \$240,000

**Staff Review:** Yes

**Recommended Motion(s):**

Motion to authorize the Mayor and City Manager to execute the needed budget adjustments, and to authorize the budgeted funds for the employee leave buyback program in accordance with the personnel policy manual.

Motion to authorize the attached budget adjustment (Exhibit-A) for the Sanitation Fund, where the new truck purchased was a lesser amount than originally budgeted.

**Background:** For the past three years, the City Council has authorized the “buy-back” program for employee accrued leave. This program has been very successful City wide.

Accordingly, for 2014/2015, we budgeted as follows:

### **General Fund**

001-0271-519.12-10	REGULAR SALARIES & WAGES / CONTINGENCY-SALARIES	70,000
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### **Utility Fund**

401-0801-536.93-30	BUDGET TRANSFER / STIPEND EMPLOYEE ACCOUNT	100,000
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### **Sanitation Fund**

*Reduce by \$70,000 (The new truck was significantly less than budgeted.)*

403-0451-534.64-00	GARBAGE/SOLID WASTE DISP. / MACHINERY & EQUIPMENT	Budget 256,072	Actual 185,172
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*Increase by \$70,000*

403-0451-534.93-21	BUDGET TRANSFER / STIPEND EMPLOYEE ACCOUNT
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**Attachments:** Sanitation Budget adjustment

City of Avon Park  
BUDGET ADJUSTMENT

Budget Adjustment # \_\_\_\_\_

GMBA Batch \_\_\_\_\_

DATE: 11/06/2014

\*Use round dollars only - No decimals

Account Number	Description	Amt. To Increase	Amt. To Decrease
403-0451-534.93-21	BUDGET TRANSFER / STIPEND EMPLOYEE ACCOUNT	\$ 70,000	
403-0451-534.64-00	GARBAGE/SOLID WASTE DISP. / MACHINERY & EQUIPMENT		\$ 70,000

Explanation of adjustment:

\_\_\_\_\_  
**New truck was significantly less than budgeted**  
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 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Manager's Approval

\_\_\_\_\_  
Date

**CITY COUNCIL APPROVAL REQUIRED:**

Yes  No

\_\_\_\_\_  
Mayor's Approval

\_\_\_\_\_  
Date