

County Of Santa Clara
Request For Appropriation Modification
Fiscal Year = 2024

F - 85 # 142

Line	Fund	Budget Unit	Cost Center	CI	Description	Job Code	Funded Program	CMB Revenues	CMB Expenditures
1	0001	0501	5410	5101000	Permanent Employees	B3H			73,399.00
2	0001	0501	5410	5101000	Permanent Employees	B3N			(64,943.00)
3	0001	0501	5410	5110100	Retiree Medical Insurance	B3H			2,763.00
4	0001	0501	5410	5110100	Retiree Medical Insurance	B3N			(2,763.00)
5	0001	0501	5410	5110200	Health Insurance	B3H			9,140.00
6	0001	0501	5410	5110200	Health Insurance	B3N			(9,140.00)
7	0001	0501	5410	5110300	Unemployment Insurance	B3H			39.00
8	0001	0501	5410	5110300	Unemployment Insurance	B3N			(34.00)
9	0001	0501	5410	5110400	FICA - Employer Share	B3H			4,551.00
10	0001	0501	5410	5110400	FICA - Employer Share	B3N			(4,026.00)
11	0001	0501	5410	5110500	Medicare Tax - Employer Share	B3H			1,064.00
12	0001	0501	5410	5110500	Medicare Tax - Employer Share	B3N			(942.00)
13	0001	0501	5410	5110602	PERS-Employer Paid Employer Contribution	B3H			4,271.00
14	0001	0501	5410	5110602	PERS-Employer Paid Employer Contribution	B3N			(3,779.00)
15	0001	0501	5410	5110603	PERS-Unfunded Accrued Liability-Misc	B3H			9,021.00
16	0001	0501	5410	5110603	PERS-Unfunded Accrued Liability-Misc	B3N			(7,982.00)
17	0001	0501	5410	5110610	Pension Obligation Bond-PERS UAL-Misc	B3H			683.00
18	0001	0501	5410	5110610	Pension Obligation Bond-PERS UAL-Misc	B3N			(604.00)
19	0001	0501	5410	5110700	Workers' Compensation	B3H			1,243.00
20	0001	0501	5410	5110700	Workers' Compensation	B3N			(1,099.00)
21	0001	0501	5410	5111200	Deferred Comp Expense -ER	B3H			8.00

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22	0001	0501	5410	5111200	Deferred Comp Expense -ER	B3N			(8.00)
23	0001	0501	5411	4510150	Federal - Medical Assistance Program			304.00	
24	0001	0501	5411	4511200	FED - CWS - IV-E			2,737.00	
25	0001	0501	5416	5301000	Respite Day Care				(7,821.00)
0001					Transfer (From) To Fund Balance:				0.00
					Grand Total:			3,041.00	3,041.00

Form ID# Included:

38610,