FYZ4

DuPage County, Illinois BUDGET ADJUSTMENT Effective January 22, 2024

NURSING SERVICES From: Company/Accounting Unit Name From: 1200 Company It Finance Dept Use Only Available Balance Date of Accounting Prior to Transfer After Transfer 8/S Fund Title Balance Account Sub Account Unit Amount 253,256.00 296.00 1/8/25 253,000.00 1200-9100 2050 50080 SALARY & WAGE ADJUSTMENTS 148,000.00 148,083.73 REGULAR SALARIES 2050 50000 0 918.04 30,000.00 30,918.04 1200-9100 2050 50040 PART TIME HELP 156.36 1/8/25 393,156.36 1200-9100 50000 0 TEMPORARY SALARIES 393.000.00 2:050 215,000.00 218, 720.42 3, 780, 42 53090 OTHER PROFESSIONAL SERVICES 1200-9100 2050 0 331,840.00 2.886,920.4 2,555,000,00 1/8/25 CONTINGENCIES 2000 53828 Total \$ 1,370,840.00 NURSING SERVICES To: Company/Accounting Unit Name 1200 Company # Finance Dept Use Only Available Balance Date of Accounting Prior to Transfer 6/S Fund Account Sub-Account Title After Transfer Balance Unit 835,000.00 (834,342.50) 657.50 1/8/25 1200-9100 5 2050 50010 OVERTIME 1/8/25 1200-9100 840.00 1830.59 50020 0 HOLIDAY PAY \$ 2050 124,000.00 (123,948,42 1200-9100 51000 0 BENEFIT PAYMENTS 5 2050 \$ 814.76 0 EMPLOYER SHARE I.M.R.F. 2050 51010 24,982.28 2050 51030 EMPLOYER SHARE SOCIAL SECURITY 293,014,42 485, 58 EMPLOYEE MED & HOSP INSURANCE 294,000.00 1200-9100 0 2050 51040 1,370,840.00 Total 15 Reason for Request: For the 2024 Budget the Care Center budgeted a 3% COLA within each department of the Care Center on a budget line titled Salary and Wage Adjustments as directed. We are transferring the dollars under this category (Salary and Wage Adjustments) for the Nursing department to Overtime to adjust for the shortages due to COLA wages applied. Also, we are transfering funds within department's Payroll budget to "true up" budget lines for Payroll categorie where Overtime, Holiday pay and Benefits are over, while Regular salaries. Part Time help, Agency and Temporary salaries are under.In addittion we are moving \$331% from contigency fund to cover for IMRF, SS and Hospital Ins budget shortages. Signature on File epartment HerSignature on File Chief Financial Officer Activity (optional) \*\*\*\*Please sign in blue ink on the original form\*\*\*\* Finance Department Use Only \_\_ Acctg Period \_\_ Entered Sy/Date Released & Posted By/Date

HS-1/21/25 FINICB-1/28/25