

8  
10-7-24

CITY OF JACKSONVILLE, FLORIDA

RC #: RC25-007

	DATE	RECOMMENDED	NOT RECOMMENDED
DIVISION CHIEF:	_____	<u>[Signature]</u>	_____
DEPARTMENT HEAD:	<u>9/12/24</u>	<u>Anna Propdu</u>	_____
HR CHIEF:	<u>9/12/24</u>	<u>[Signature]</u>	_____
BUDGET OFFICE:	<u>9/30/24</u>	<u>[Signature]</u>	_____

DEPARTMENT: Finance TO BE EFFECTIVE: 10/01/2024  
September 28, 2024 *a*

ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
Delete	1	AFRM561WC	Workers' Compensation Claims Manager	04419	29.17	73,580.94 - 124,081.39
Authorize	1	AFRM561WC	Risk Operations Manager	04328	29.18	77,995.75 - 131,333.90

Funds are available within current appropriations for this change: Yes  No  (see description below)

If NO, funds will be provided by: related memos

JUSTIFICATION:  
 To meet the operational needs of the department. The budget impact is \$9,196.30. (position vacant)  
 A position has been defunded for 2024/25 fiscal year to accommodate this request.

Reference TD/BT BT25-010 Council approval required? Yes  No  Date action require \_\_\_\_\_

ACTION TAKEN BY MBRC:  
**APPROVED BY:**  
**MAYOR'S BUDGET**  
**REVIEW COMMITTEE**

SIGNATURES:  
[Signature]  
 Chief Administrative Officer  
 MAYOR [Signature]

AMENDMENTS:  
 DATE OCT - 7 2024

Comments: \_\_\_\_\_