

	DATE	RECOMMENDED	NOT RECOMMENDED
DIVISION CHIEF:	_____	_____	_____
DEPARTMENT HEAD:	_____	_____	_____
HR CHIEF:	_____	_____	_____
BUDGET OFFICE:	_____	_____	_____

DEPARTMENT: City Council TO BE EFFECTIVE: Upon Council Approval

ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
Authorize	1	CCTD132AD	Tourist Development Council Administrator	04134	28.08	42,245.36 - 70,861.50

FUNDING: Indicate funding for this change:  
 Funds are available within current appropriations for this change: Yes  No  (see description below)  
 If NO, funds will be provided by: \_\_\_\_\_

JUSTIFICATION:

Addition of Administrator position.

Reference TD/BT \_\_\_\_\_ Council approval required? Yes  No  Date action required: \_\_\_\_\_

ACTION TAKEN BY MBRC:

SIGNATURES:

\_\_\_\_\_  
Chief Administrative Officer

\_\_\_\_\_  
MAYOR

AMENDMENTS: \_\_\_\_\_

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