

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

DEPARTMENT: Finance and Administration TO BE EFFECTIVE: Upon Approval

ACTION	No.	ACTIVITY NO/ DESCRIPTION	TITLE	OCC CODE	PAY GRADE	PAY RANGE
Authorize	1	AFPS011EBO	Administrative Aide	B0005	15.12	33,427.39 - 64,336.18
Authorize	1	AFPS011EBO	Business Compliance Analyst	04085	29.11	51,871.44 - 87,334.92
Delete	1040	AFPS011EBO	Part Time Hours			

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:

Adding two full time positions based on the needs to the Jacksonville Small and Emerging Business Office.

Reference TD/BT _____ Council approval required? Yes ☒ No ☐ Date action required: _____

ACTION TAKEN BY MBRC:

SIGNATURES:

Chief Administrative Officer_____
MAYOR

AMENDMENTS: _____

Comments: _____