**CITY OF MADISON** **Priority # \_\_\_**1**\_\_\_**

 **2014 Budget Reduction Proposal**

**Agency:** Fleet Service

**Title of Reduction:** Salary Savings

**Description of Budget Reduction Proposal:**

|  |
| --- |
| Replace Salary funding for current open position.  Tire Repair Worker CG-RG 15-06Funding not requested in order to make 2014 operating budget 3% potential reduction plan. |

|  |  |
| --- | --- |
| **Service # Affected** | **2000** |
|  |
| **Accounts Affected** (Attach a more detailed account/ service breakdown if appropriate.) |
|  |  |  |  |
| **Expenses** |  | Total Amount |
| 51100 - Permanent Salaries |  | $ | 47,996 |
| 51120 - Premium Pay |  | $ |       |
| 51200 - Hourly Wages |  | $ |       |
| 51300 - Overtime Wages |  | $ |       |
| 52000 - Benefits |  | $ |       |
|  |  |  |  |
| 54000’s - Purchased Services |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 55000’s - Supplies |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 56000’s - Inter-departmental Charges |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
|  |  |  |  |
| 58000 - Capital Assets |  | $ |       |
|  |  |  |  |
| **Total Expense** |  |  | **$** | 47,996 |
|  |  |  |  |
| **I/D Billings/Revenue** |  |
|       |  | $ |       |  |  |
|       |  | $ |       |  | $ |       |
| **Net Impact** |  |  | **$** |       |
|  |  |  |  |

|  |
| --- |
| Notes: |
|  Employee in this position was injured and has work restrictions that prevent him from performing his job duties. Medical observations and treatment indicate that it is unlikely for this person to be able to return and perform responsibilities within the restriction guidelines. Employee is on medical leave and could return to work although that is not anticipated within the 2014 budget year. |
| Does this proposal impact any results tracked by performance measures, including Madison Measures? [ ]  Yes [x]  NoIf Yes, which measure(s) is it? Please quantify the potential impacts to the extent possible. |
|       |
|  |
| INSTRUCTIONSThis form is to be used for the 2014 Operating Budget. A form should be completed for each individual decision item. Please submit these reduction proposal forms along with your base budget submission. |