

CAPITAL OUTLAY FORM

INSTRUCTIONS: This form is used to request all capital outlay items. If you are not requesting capital outlay, then you will not need to complete this form. Remember to rank your requests with your most important beginning with number 1.

DEPARTMENT: 570 UNIT: 1000

| RANK | DESCRIPTION | QUANTITY | UNIT COST | TOTAL COST |
|------|--------------------------|----------|--------------|-----------------|
| 1. | FULL TIME DEPUTY CORONER | 1 | \$37,000/YR | \$37,000/YR |
| | | | | |
| 2 | DEPUTY CORONER SUV | 1 | \$35,000 | \$35,000 |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$72,000 |

Department Head Signature: Eddie L. Bryan

Vehicle Turn-In Form: If you are not replacing vehicles, you will **not** need to fill out this form.

DEPARTMENT: 570 UNIT: 1000

| VMO | Year/Make/Model | Current Mileage | Fleet Recommendation |
|-------|-----------------|-----------------|----------------------|
| 11029 | 10 CHEVY IMPALA | 50,526 | N/A |
| | | | |
| | | | |
| | | | |

2G1WB55K779336099 (VIN)

Department Head Signature: Eddie L. Bryan

OPERATIONAL CHANGE FORM

INSTRUCTIONS: Below you will find areas to make any operational changes to your budget. If you wish to leave your current budget intact, then you will not need to complete this form. For those departments that wish to move money between divisions, please complete this form. The form will also be used to move money between line items within a budget. Please contact your Budget Analyst for any questions regarding these instructions. Please use additional forms to complete all changes as needed.

Operational Changes between Object Codes

DEPARTMENT: 570

| TO: | DEPARTMENT | UNIT | OBJECT | AMOUNT: |
|-----------------|--------------|------|---------------|-----------|
| | PROFF. SVCS. | 570 | 6311 | \$5000 |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL* | \$ |
| FROM: | | | | |
| 6311 | WAGES | 570 | 6110 | \$5000 |
| | C. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL* | \$ |

***TOTALS MUST EQUAL EACH OTHER**

Department Head Signature: Eddie L. Bryan

**Columbus Consolidated Government
Position Allocation**

FY16 Coroner -- Jul 2015 to Jun 2016

| Employee | Ending Class Code & Name | Count | FTE | Salary | Suppl. | HEALTH | LIFE | RETIRE | SUPP | Other | Statutory | Total |
|---------------------------|--------------------------|--------------------------|----------|-------------|----------------|--------------|---------------|------------|---------------|----------|---------------|----------------|
| 570 -- CORONER | | | | | | | | | | | | |
| 5701000 -- CORONER | | | | | | | | | | | | |
| <i>TAKE OFF</i> | | | | | | | | | | | | |
| 5701000 -- CORONER | | | | | | | | | | | | |
| BERRY, ANDREE | X662 | DEPUTY CORONER | 1 | 0.72 | 17,856 | 0 | 0 | 0 | 0 | 0 | 1,368 | 19,224 |
| BRYAN, EDDIE L | P6660 | CORONER | 1 | 1.00 | 62,424 | 600 | 6,252 | 312 | 13,728 | 0 | 4,824 | 88,140 |
| HAMPTON, MALIKA | G90574 | ADMINISTRATIVE ASSISTANT | 1 | 1.00 | 31,056 | 0 | 6,252 | 156 | 5,280 | 0 | 2,376 | 45,120 |
| HULL, HAROLDA | 99999 | CORONER DRIVER | 1 | 0.72 | 18,848 | 0 | 0 | 0 | 0 | 0 | 1,428 | 20,076 |
| HUNT, ROBERT | X662 | DEPUTY CORONER | 1 | 0.72 | 3,564 | 0 | 0 | 0 | 0 | 0 | 264 | 3,828 |
| NEWTON, CHARLES | P6662 | DEPUTY CORONER | 1 | 1.00 | 37,836 | 3,720 | 6,252 | 192 | 9,012 | 0 | 3,180 | 60,192 |
| WORLEY, HENRY F | P6662 | DEPUTY CORONER | 1 | 1.00 | 46,092 | 3,720 | 6,252 | 228 | 10,824 | 0 | 3,804 | 70,920 |
| | | Total CORONER | 7 | 6.16 | 217,476 | 8,040 | 25,008 | 888 | 38,844 | 0 | 17,244 | 307,500 |
| | | Total CORONER | 7 | 6.16 | 217,476 | 8,040 | 25,008 | 888 | 38,844 | 0 | 17,244 | 307,500 |
| | | Total CORONER | 7 | 6.16 | 217,476 | 8,040 | 25,008 | 888 | 38,844 | 0 | 17,244 | 307,500 |

*AM
DALE
TREV*

*Andree Berry }
Harold Hull } no longer here
Robert Hunt }*

Eddie L. Bryan

BUDGET CHECKLIST. . . PLEASE CHECK OR MARK EACH BOX "NA"

Department Name CORONER

Department/Unit Number: 570 1000

Submitting the following forms:

SIGNED AND INITIALED PERSONNEL LISTING FOR EACH DEPARTMENT UNIT

N/A POSITION RECLASSIFICATION FORM

N/A OVERTIME REQUEST FORM

N/A CONTRACTUAL SERVICES FORM

OPERATIONAL CHANGE FORM

CAPITAL OUTLAY FORM

N/A UPDATE TO SERVICE LINE ANALYSIS

N/A OTHER (PLEASE DESCRIBE)