## **Exceptional Item Request Form - FY 2020-2021**

Request # AF-3

Date:	7/8/2021	Requestor:	Staff			
	Allocating Additional Funds To:					
	Fund Name & No.					
	Department Name & No.	30, 55, 60				
	Line Item No. & Description or					
	NEW Line Item Description					
Item Descript	ion:					
	ıld institute a certification pay for Pu	blic Works en	nplovees who ol	btain	a higher level of train	ning and bring
	nd training to the City of Rollingwood				<del>-</del>	-
local agencies all of which offer certification pay.						
local apendic	all of which offer ceremeation pay.					
Description of Benefit from Purchase (Improved Service, Lower Cost, etc.)						
Description 5	Delicite from Furthers (improved	Jei 1100, 101. 1	1 6031, 610.,			
		Number of	Items or Units:		1	
Cost Per Item or Unit: \$ 4,200.00						
Additional Cost Per Item (Including ongoing maintenance):						
			<b>Total Cost:</b>	\$	4,200.00	
			:			
Wher	n Balance Offset Is Neeeded					
·	et Savings From Fund/Dept./Line Item No.:				saved amount:	
	et Savings From Fund/Dept./Line Item No.:				saved amount:	
	et Savings From Fund/Dept./Line Item No.:				saved amount:	
	et Savings From Fund/Dept./Line Item No.:				saved amount:	
	et Savings From Fund/Dept./Line Item No.:				saved amount:	
					Total Amount Saved:	\$ -
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Please attach any quotes or backup to support this Exceptional Item Request.