Exceptional Item Request Form - FY 2024-2025

Request # AF-5

Date:	7/31/2024	Requestor:	Mayor Gavin N	⁄lassingill		
						•
	Allocating Additional Funds To:					
	Fund Name & No. Various					
	Department Name & No.					1
	Line Item No. & Description or	15(1(1() - \sizerioc				1
	NEW Line Item Description					I
Item Description:						
	Dis	scretionary Sala	ry Increases			
Description of Benefit from Purchase (Improved Service, Lower Cost, etc.)						
These discretionary increases will allow the city to retain quality staff and allow Rollingwood to remain competitive in						
compensation.						
Number of Items or Units:						
			_			
Cost Per Item or Unit:Additional Cost (Including ongoing maintenance):						
	Additional Cost (inclu	iding ongoing i	Total Cost:	¢	100,000	
			Total Cost.	7	100,000	
Wh	en Balance Offset Is Neeeded					
Of	fset Savings From Fund/Dept./Line Item No.:				saved amount:	
Of	fset Savings From Fund/Dept./Line Item No.:				saved amount:	
Of	fset Savings From Fund/Dept./Line Item No.:				saved amount:	
Of	fset Savings From Fund/Dept./Line Item No.:				saved amount:	
Of	fset Savings From Fund/Dept./Line Item No.:				saved amount:	
				Total .	Amount Saved:	\$ -
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

Please attach any quotes or backup to support this Exceptional Item Request.