



These funds were previously requested by:  
 *Supplemental Appropriation* or  *Budget Estimate and were*  
 *reduced* or  *denied* by The Mayor, or The Board of Supervisors

**CERTIFIED AS TO FACTS AND AMOUNTS AS ABOVE STATED, AND**  
(Department Head)

**RECOMMENDED:** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ (Board or Commission)

Recorded Controller's Budget Division

By: \_\_\_\_\_ Date: \_\_\_\_\_ Request No. \_\_\_\_\_

**FOR MAYOR'S USE**

To the Controller:  
The above request meets with my approval; as indicated above. You are hereby requested to prepare the necessary appropriation ordinance

**APPROVED:** \_\_\_\_\_ **By:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**EDWIN LEE:** \_\_\_\_\_

FORM 0.10 (revised 7/30/96)

**Form 4250 G  
CITY AND COUNTY OF SAN FRANCISCO  
REQUEST FOR RECLASSIFICATION**

**Department, Board or Commission** \_\_\_\_\_

**INDEX CODE** \_\_\_\_\_

**SUBJECT** \_\_\_\_\_

Line No.	Class and Title	ABOLISHED			CREATED		
		No. of Positions	Rate	Amount	No. of Positions	Rate	Amount
1							
2							
3							
4							
5							
6							
7							

**SUBMITTED BY:** \_\_\_\_\_ **RECOMMENDED BY:** \_\_\_\_\_

DATE  
REVISED: July 2, 2002.