

PETITION PACKET
ADMINISTRATION COMMISSION
STATE OF FLORIDA

Municipal Law Enforcement Agency Budget Appeal Process

Chapter 28-42

PETITION
ADMINISTRATION COMMISSION
STATE OF FLORIDA

IN RE:

Appeal of:

[State Attorney for the ___ Judicial Circuit of Florida in _____ County OR
<NAME>, member of the city council/board for _____, Florida.]

P E T I T I O N

COMES NOW _____, [State Attorney for the ___
Judicial Circuit of Florida in _____ County OR <NAME>, member of the city
council/board for _____, Florida] (through **his/her** undersigned attorney) and
by this Petition files **his/her** Appeal to the Administration Commission pursuant to the
provisions of s. 166.241, F.S., from the action and decision of the _____ city
council/board, of the proposed budget for the operation of the _____ [Police
Department] for the Fiscal Year beginning October 1, 20__ and ending September 30, 20__, and
in support of such petition attaches hereto copies of the budget proposed by the Petitioner (if
Petitioner proposed a budget), the budget as approved by the respondent City Council or Board,
and other documents prepared in the form and manner prescribed by the Executive Office of the
Governor and approved by the Administration Commission, all of which are incorporated herein
by this reference. Petitioner asserts the following as the reasons and/or grounds for his/her
appeal:

**(Please attach additional page(s) to this form stating the reasons and/or grounds for the
appeal.)**

Respectfully submitted,

[State Attorney for the ___ Judicial Circuit of Florida in _____ County OR
<NAME>, member of the city council/board for _____, Florida.]

Exhibit A

XXXX Municipal/City/Charter	Budget for Fiscal Year 20__-20__ Appeal to the Administration Commission			Summary of Budget by Category		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Budget for Fiscal Year 20__-20__	Budget for Fiscal Year 20__-20__	Proposed Budget for Fiscal Year 20__-20__	Appeal to Administration Commission	Executive Office of the Governor	Administration Commission
<i>General Law Enforcement</i>				Amounts	Recommendation	Approved
Personnel Services Costs						
Operating Expenses						
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Narrative:

Exhibit B

XXXX Municipal/City/Charter	Budget for Fiscal Year 20__-20__	Budget for Fiscal Year 20__-20__	Budget for Fiscal Year 20__-20__ Appeal to the Administration Commission
(1)	(2)	(3)	(4)
<i>Current Positions</i>			
Regular Salaries and Wages			
Other Salaries and Wages			
Overtime			
Special Pay			
Compensated Annual Leave			
Compensated Sick Leave			
Compensated Compensatory Leave			
FICA Taxes			
Retirement Contributions			
Life and Health Insurance			
Workers' Compensation			
Unemployment Compensation			
Other Post-Employment Benefits			
TOTAL	\$0.00	\$0.00	\$0.00
<i>New Positions</i>			
Regular Salaries and Wages			
Other Salaries and Wages			
Overtime			
Special Pay			
Compensated Annual Leave			
Compensated Sick Leave			
Compensated Compensatory Leave			
FICA Taxes			
Retirement Contributions			
Life and Health Insurance			
Workers' Compensation			
Unemployment Compensation			
TOTAL	\$0.00	\$0.00	\$0.00
TOTAL PERSONNEL SERVICES BUDGET	\$0.00	\$0.00	\$0.00
AC-MLEBA 001, Revised 10/2022, Rule 28-42.004			

