

### **Budget Changes for Program Funding Changes**

The attached budget revisions are occurring to utilize funding from Transitional Partnership Program and Workability Program grants.

There is no increased cost as these are grant funded programs and the staff working within these grants continue to be fully covered by both grants.

Administration has placed these changes on consent under Personnel Changes for the purposes of notifying the Board of these budgetary changes.



### Position Action/Change Form

Check all that apply:

- New Position  
  Position Change  
  Budget/Account Change

Today's Date:

Requester: <u>Brooke Davis</u>	Requester's Signature: <u>[Signature]</u>	Effective date: <u>3/10/2020</u>
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<b>1. NEW POSITION</b>	Position Request: _____	Human Resources Only
	Location: _____ Supervisor: _____	Escape Position Code: _____
	Number of Work Days: _____ Hours / FTE: _____ Start/ Stop Times: _____	
	Reason for new position: _____	

<b>2. POSITION CHANGE</b>	Position Title: <u>Program Coordinator</u>	Position Number: _____	Employee Name: (If applicable) <u>Neisha Stenad</u>
	<input type="checkbox"/> Site Change Site Position Change From: _____ To: _____ <input type="checkbox"/> FTE Change FTE Change From: _____ To: _____ <input type="checkbox"/> Classification Change Position Classification Change From: _____ To: _____ <input type="checkbox"/> Delete Position Reason for Elimination: _____		

See back page for necessary budget information that must be attached to the completed form. Incomplete packets will not be presented at cabinet and will delay the process.

<b>3. BUDGET/COST</b>	<input type="checkbox"/> No budget revision needed (No increase in cost)  <input type="checkbox"/> Cost included in current approved budget  <input type="checkbox"/> Budget transfer to cover cost  <input type="checkbox"/> Additional funding needed to cover cost	Cost of New/Revised Position: New position: Classified, use proper range and step E. Certificated use cell D7.  Salary Range: _____  Mandated Benefit Cost: _____  Health & Welfare: _____  Total Cost: _____
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#### 4. ACCOUNTS

Change account from:									Change account to:								
%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt	%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt
80	02	3410	0	5001	3110	2900	520	0	90	02	3410	0	5001	3110	2900	520	0
20	01	6520	0	5001	3110	2900	520	0	10	01	6520	0	5001	3110	2900	520	0
Total - Should always be 100%									Total - Should always be 100%								

#### 5. APPROVAL

Cabinet Approval Date: \_\_\_\_\_ Asst. Supt Bus: \_\_\_\_\_ Dir of HR: \_\_\_\_\_ District Board Meeting Date: \_\_\_\_\_  
 County Superintendent: \_\_\_\_\_



### Position Action/Change Form

Check all that apply:

- New Position   
  Position Change   
  Budget/Account Change

Today's Date: \_\_\_\_\_

Requester: <u>Neisha Stinael</u>	Requester's Signature: <u>[Signature]</u>	Effective date: <u>3/10/2020</u>
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<b>1. NEW POSITION</b>	Position Request: _____	<b>Human Resources Only</b> Escape Position Code: _____
	Location: _____ Supervisor: _____	
	Number of Work Days: _____ Hours / FTE: _____ Start/ Stop Times: _____	
	Reason for new position: _____	

<b>2. POSITION CHANGE</b>	Position Title: <u>Secretary</u>	Position Number: _____	Employee Name: (If applicable) <u>Sub-Rebekah Daniek</u>
<input type="checkbox"/> Site Change Site Position Change From: _____ To: _____ <input type="checkbox"/> FTE Change FTE Change From: _____ To: _____ <input type="checkbox"/> Classification Change Position Classification Change From: _____ To: _____ <input type="checkbox"/> Delete Position Reason for Elimination: _____			

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<b>3. BUDGET/COST</b>	<input type="checkbox"/> No budget revision needed (No increase in cost) <input type="checkbox"/> Cost included in current approved budget <input type="checkbox"/> Budget transfer to cover cost <input type="checkbox"/> Additional funding needed to cover cost	Cost of New/Revised Position: New position: Classified, use proper range and step E. Certificated use cell D7. Salary Range: _____ Mandated Benefit Cost: _____ Health & Welfare: _____ Total Cost: _____
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4. ACCOUNTS																	
Change account from:					Change account to:												
%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt	%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt
100	02	3410	0	5001	3110	2900	520	0	90	02	3410	0	5001	3110	2900	520	0
<del>0</del>									10	01	6520	0	5001	3110	2900	520	0
Total - Should always be 100%									Total - Should always be 100%								

#### 5. APPROVAL

Cabinet Approval Date: \_\_\_\_\_ Asst. Supt Bus: \_\_\_\_\_ Dir of HR: \_\_\_\_\_ District Board Meeting Date: \_\_\_\_\_

County Superintendent: \_\_\_\_\_



### Position Action/Change Form

Check all that apply:

- New Position  
  Position Change  
  Budget/Account Change

Today's Date:

Requester: <u>Neisha Stenaa</u>	Requester's Signature: <u>[Signature]</u>	Effective date: <u>3/10/2020</u>
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<b>1. NEW POSITION</b>	Position Request: _____	<b>Human Resources Only</b> Escape Position Code: _____
	Location: _____ Supervisor: _____	
	Number of Work Days: _____ Hours / FTE: _____ Start/ Stop Times: _____	
	Reason for new position: _____	

<b>2. POSITION CHANGE</b>	Position Title: <u>Job Placement Sp</u>	Position Number: _____	Employee Name: (If applicable) <u>Janet Bigham</u>
	<input type="checkbox"/> Site Change Site Position Change From: _____ To: _____ <input checked="" type="checkbox"/> FTE Change FTE Change From: _____ To: _____ <input type="checkbox"/> Classification Change Position Classification Change From: _____ To: _____ <input type="checkbox"/> Delete Position Reason for Elimination: _____		

See back page for necessary budget information that must be attached to the completed form. Incomplete packets will not be presented at cabinet and will delay the process.

<b>3. BUDGET/COST</b>	<input type="checkbox"/> No budget revision needed (No increase in cost)  <input type="checkbox"/> Cost included in current approved budget  <input type="checkbox"/> Budget transfer to cover cost  <input type="checkbox"/> Additional funding needed to cover cost	<b>Cost of New/Revised Position:</b> New position: Classified, use proper range and step E. Certificated use cell D7.  Salary Range: _____  Mandated Benefit Cost: _____  Health & Welfare: _____  Total Cost: _____
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4. ACCOUNTS																	
Change account from:					Change account to:												
%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt	%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt
70	02	3410	0	5001	3110	2900	520	0	80	02	3410	0	5001	3110	2900	520	0
30	01	6520	0	5001	3110	2900	520	0	20	01	6520	0	5001	3110	2900	520	0
Total - Should always be 100%									Total - Should always be 100%								

#### 5. APPROVAL

Cabinet Approval Date: \_\_\_\_\_ Asst. Supt Bus: \_\_\_\_\_ Dir of HR: \_\_\_\_\_ District Board Meeting Date: \_\_\_\_\_  
 County Superintendent: \_\_\_\_\_



### Position Action/Change Form

Check all that apply:

- New Position    Position Change    Budget/Account Change

Today's Date:

Requester: <u>Neisha Strnad</u>	Requester's Signature: <u>[Signature]</u>	Effective date: <u>3/10/2020</u>
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<b>1. NEW POSITION</b>	Position Request: _____	Human Resources Only Escape Position Code: _____
	Location: _____ Supervisor: _____	
	Number of Work Days: _____ Hours / FTE: _____ Start/ Stop Times: _____	
	Reason for new position: _____	

Position Title: <u>Job Placement Spec</u>	Position Number: _____	Employee Name: (If applicable) <u>Jennifer Daniels</u>
<b>2. POSITION CHANGE</b>	<input type="checkbox"/> Site Change Site Position Change From: _____ To: _____	
	<input type="checkbox"/> FTE Change FTE Change From: _____ To: _____	
	<input type="checkbox"/> Classification Change Position Classification Change From: _____ To: _____	
	<input type="checkbox"/> Delete Position Reason for Elimination: _____	

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<b>3. BUDGET/COST</b>	<input type="checkbox"/> No budget revision needed (No increase in cost)	Cost of New/Revised Position: New position: Classified, use proper range and step E. Certificated use cell D7.  Salary Range: _____  Mandated Benefit Cost: _____  Health & Welfare: _____  Total Cost: _____
	<input type="checkbox"/> Cost included in current approved budget	
	<input type="checkbox"/> Budget transfer to cover cost	
	<input type="checkbox"/> Additional funding needed to cover cost	

#### 4. ACCOUNTS

Change account from:									Change account to:								
%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt	%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt
80	02	3410	0	5001	3110	2900	520	0	90	02	3410	0	5001	3110	2900	520	0
20	01	6520	0	5001	3110	2900	520	0	10	01	6520	0	5001	3110	2900	520	0
Total - Should always be 100%									Total - Should always be 100%								

#### 5. APPROVAL

Cabinet Approval Date: \_\_\_\_\_ Asst. Supt Bus: \_\_\_\_\_ Dir of HR: \_\_\_\_\_ District Board Meeting Date: \_\_\_\_\_

County Superintendent: \_\_\_\_\_



### Position Action/Change Form

Check all that apply:

- New Position    Position Change    Budget/Account Change

Today's Date:

Requester: <b>Neisha Stewart</b>	Requester's Signature: <i>[Signature]</i>	Effective date: <b>3-10-2020</b>
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<b>1. NEW POSITION</b>	Position Request: _____	Human Resources Only
	Location: _____ Supervisor: _____	
	Number of Work Days: _____ Hours / FTE: _____ Start/ Stop Times: _____	
	Reason for new position: _____	

Position Title: <b>Job Placement Spe</b>	Position Number: _____	Employee Name: (If applicable) <b>Jessie Green</b>
<b>2. POSITION CHANGE</b>	<input type="checkbox"/> Site Change Site Position Change From: _____ To: _____	
	<input type="checkbox"/> FTE Change FTE Change From: _____ To: _____	
	<input type="checkbox"/> Classification Change Position Classification Change From: _____ To: _____	
	<input type="checkbox"/> Delete Position Reason for Elimination: _____	

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	<input type="checkbox"/> Cost included in current approved budget	
	<input type="checkbox"/> Budget transfer to cover cost	
	<input type="checkbox"/> Additional funding needed to cover cost	

#### 4. ACCOUNTS

Change account from:										Change account to:									
%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt		%	Fund	Res	Yr	Goal	Func	Obj	Loc	Mgt	
67	02	3410	0	500	3110	2900	520	0		70	02	3410	0	500	3110	2900	520	0	
33	01	6520	0	500	3110	2900	500	0		30	01	6520	0	500	3110	2900	500	0	
Total - Should always be 100%										Total - Should always be 100%									

#### 5. APPROVAL

Cabinet Approval Date: \_\_\_\_\_ Asst. Supt Bus: \_\_\_\_\_ Dir of HR: \_\_\_\_\_ District Board Meeting Date: \_\_\_\_\_  
County Superintendent: \_\_\_\_\_