

SECTIONS 4 and 5
SBDM STAFFING CHANGE REQUEST
2019-2020

LOCATION _____

DELETE POSITION(S):

(Project 900XN Only)

Position Title	MUNIS Code			# Positions	Amount
	Org	Obj	Proj		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADD POSITION(S):

(Project 900XN Only)

Position Title	MUNIS Code			# Positions	Amount
	Org	Obj	Proj		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADD HOURS (Above position norm):

(Project 900XN Only)

Position Title	MUNIS Code			# Hours	Amount
	Org	Obj	Proj		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MUNIS CODES TO BE ADJUSTED:

(Project 900XF/900XS Only)

ORG	OBJECT	PROJECT	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal's Signature _____ Date _____

SBDM Council Signatures:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____