

**SECTIONS 4 and 5  
SBDM STAFFING CHANGE REQUEST  
2020-2021**

LOCATION \_\_\_\_\_

	Position Title	MUNIS Code			# Positions	Amount
		Org	Obj	Proj		
<b>DELETE POSITION(S):</b>						
<u>(Project 900XN Only)</u>						

	Position Title	MUNIS Code			# Positions	Amount
		Org	Obj	Proj		
<b>ADD POSITION(S):</b>						
<u>(Project 900XN Only)</u>						

	Position Title	MUNIS Code			# Hours	Amount
		Org	Obj	Proj		
<b>ADD HOURS (Above position norm):</b>						
<u>(Project 900XN Only)</u>						

	<b>MUNIS CODES TO BE ADJUSTED:</b>			
	ORG	OBJECT	PROJECT	AMOUNT
<u>(Project 900XF/900XS Only)</u>				

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

SBDM Council Signatures:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_