

School: _____

Location #: _____

**SECTIONS 4 & 5 / SBDM STAFFING CHANGE REQUEST FORM
2022 - 2023**

Position(s) to be Deleted - Project 900XN Only

Position Title	MUNIS/Salary Code			# of Positions	Amount
	Org	Obj	Proj		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Position(s) to be Added - Project 900XN Only

Position Title	MUNIS/Salary Code			# of Positions	Amount
	Org	Obj	Proj		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Add Hour(s) to Positions - Project 900XN Purchase

Position Title	MUNIS/Salary Code			# of Positions	Amount
	Org	Obj	Proj		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

MUNIS Codes to be Adjusted - Increased (Refund)/Decreased (Payment) - Project 900XF/900XS Only

ORG Code	Object Code	Project	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Principal's Signature _____

Date _____

SBDM Council Signature (Signature of Assistant Superintendent in Absence of a Council):

_____	_____
_____	_____
_____	_____
_____	_____

If adding or deleting more than three positions, or adding hours to more than three positions, please use multiple Sections 4 & 5 forms.