

School: _____

Location #: _____

**SECTIONS 4 & 5 / SBDM STAFFING CHANGE REQUEST FORM
2023 - 2024**

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