

**OAKDALE JOINT UNIFIED SCHOOL DISTRICT
Budget Adjustment Request**

Due Friday, March 2nd
Send to: Susan Dyke, Fiscal Services

Date: _____ Budget Year of Impact: _____
(ex; current, 07/08)

Requested By: _____ Site/Department: _____

The purpose of this form is to request items to be included in the budget, current year or subsequent year, as additions to or to extend what currently exists. Please complete all applicable sections. Failure to provide adequate information will result in return of form to originator.

Describe the purpose of the augmentation:

Detailed information of the costs involved:

	Cost:	One-Time	Ongoing
<u>Employee Salary (objects 1XXX-2XXX):</u>			
Classified _____ # of Hours _____	=====	_____	_____
Certificated _____ Hours or FTE _____	=====	_____	_____
<i>**District average starting salary for 06/07 per teacher is \$40,860</i>			
<u>Benefits (objects 3XXX):</u>			
<i>For assistance in calculating statutory benefits, visit:</i>			
http://www.oakdale.k12.ca.us/business/fiscal/general-finance.htm		<i>(Budget Calculator)</i>	
Statutory Benefits	=====	_____	_____
Health Benefits	=====	_____	_____
<u>Books and Supplies (objects 4XXX):</u>			
Describe _____	=====	_____	_____
<u>Services & Operating Costs (objects 5XXX):</u>			
Describe _____	=====	_____	_____
<u>Capital Outlay (objects 6XXX):</u>			
Describe _____	=====	_____	_____
Total Cost of Proposal:		=====	=====

Please turn over for completion.

What budget will cover this request?

_____ (ex; Title I, District, SIP, etc)

Signature of Site/Department Manager

THE FOLLOWING TO BE COMPLETED BY DISTRICT

Fiscal Services Review:

Signature, Senior Director, Fiscal Services

Date

Cabinet/Budget Committee Review:

Approve

Reject

Superintendent Signature

Date