

Copy

District Name: District 1 Schools Sptbg. Co.

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

Quarter: 1 () 2 () 3 () 4 (X)

Transfer From (Include Program name and sub-fund *) Current Allocation (include carryover amounts here) Transfer Amount (up to 100%) Transfer to (Include Program name and sub-fund)

325-CTE Equipment	40,882.00	40,882.00	100-General Fund

* The following appropriations are excluded from this flexibility: Teacher Salary Supplement/Fringe, National Board Certification Teacher Supply and Teacher of the Year; Districts should use judicious caution when transferring any funds received through a competitive grant process

Staffing Flexibility/Maximizing Resources (provide additional information as necessary)

(1) Our district suspended staffing ratios in the following areas: _____

(2) Our district delayed the following number of teacher contracts: _____

(2)b The following number of contracts were not renewed _____

(3) Our district negotiated the following number of retiree salaries _____

(4) Our district furloughed teachers the following number of days
5 days

(4)b Our district furloughed administrators the following number of days
10 days

(5) Our district has suspended the following noninstructional/nonessential programs for the 2010-2011 school year.

District Approval: The signatures below certify that this action was approved at a regularly scheduled school board meeting.

Board Chair Signature: Mark C. Rollin

Date: 5/9/11

Superintendent Signature: Ronald W. Damm

Date: 5-9-11

Completed by: (please print) Laura McCraw

Date: _____

Contact Phone No: 864-472-2846