



**MIAMI-DADE COUNTY PUBLIC SCHOOLS
DEPARTMENTAL/PROGRAM BUDGET REVIEW FORM
REQUEST FOR BUDGET ADJUSTMENT*
FOR FY 20 ____ - ____**

ATTACHMENT B

FOR BUREAU HEAD ONLY	
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- Workload Adjustment
- Strategic Plan Adjustment

From District Strategic Plan: Goal/Objective No. ____ Action Step No. ____

PRIORITY NO.	
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BUR. NO./LOC. NO./NAME _____

FUNCTION _____		PROGRAM _____			
ADDITIONAL BUDGET REQUESTED					
OBJECT	BRIEF DESCRIPTION AND PURPOSE OF REQUEST	JOB CODE	AVERAGE SALARY	NO. POS.	BUDGET REQUESTED
	SALARIES (LIST JOB TITLES):				
	SUBTOTAL - SALARIES				
	EMPLOYEE BENEFITS				
	FICA/Retirement @ _____ % of total salary				
	Group Insurance/Vista @ \$ _____ x total FT.Pos.				
	NONSALARY (LIST EACH OBJECT):				
	TOTAL WORKLOAD ADJUSTMENT REQUESTED				

* ATTACH SEPARATE JUSTIFICATION

Signature: _____ Work Location Head Date

Signature: _____ Bureau Head Date