





**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
DEPARTMENTAL/PROGRAM BUDGET REVIEW FORM  
REQUEST FOR BUDGET ADJUSTMENT\*  
FOR FY 2003 - 04**

**ATTACHMENT B**

- Workload Adjustment
- Strategic Plan Adjustment

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

FOR BUREAU HEAD ONLY	
PRIORITY NO.	

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 TTLES):				
	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



**MIAMI-DADE COUNTY PUBLIC SCHOOLS**  
**DEPARTMENTAL/PROGRAM BUDGET REVIEW FORM**  
**REQUEST FOR FURNITURE, FIXTURES & EQUIPMENT**  
**FOR FY 2003-04**

**ATTACHMENT C**

LOC. NO./NAME _____			
QUANTITY	ITEM DESCRIPTION	EST. UNIT COST	EST. TOTAL COST
		\$	\$
		TOTAL	\$ _____
JUSTIFICATION:			

Signature: \_\_\_\_\_  
*Work Location Head*
*Date*

Signature: \_\_\_\_\_  
*Bureau Head*
*Date*