



**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 _____			
<u>QUANTITY</u>	<u>ITEM DESCRIPTION</u>	<u>EST. UNIT COST</u>	<u>EST. TOTAL COST</u>
		\$	\$
		TOTAL	\$ _____
JUSTIFICATION:			

Signature: _____ *Work Location Head* _____ *Date*

Signature: _____ *Bureau Head* _____ *Date*