

**Mt. Diablo Unified School District
Request for Increase/Decrease in Staff Allocation**

Internal
Use Only

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Date: _____ For the School Year: _____

To: Michelle McAvoy, Position Budgeting

From: _____ School/Site: _____
(Print Administrator's Name)

(Administrator's Signature) (Date) Phone: _____

Request to increase/create or decrease/eliminate staffing as follows:

Position (e.g., TCHRSEC, PSYCHOLGST, IA)	FTE	Funding			Object	%
		Site	Prog	Func		
➤ _____ _____ Grade Level and Subject (if applicable)	_____	_____	_____	_____	_____	_____
➤ _____ _____ Grade Level and Subject (if applicable)	_____	_____	_____	_____	_____	_____

Name and ID of Employee (if known), or Vacant: _____

Comments: _____

INSTRUCTIONS:
Submit staffing allocation form to Michelle McAvoy and she will route it through the approval process.
Per the steps below, first obtain an estimated cost. If funded through categorical programs, submit with a copy of the Site Council minutes. If funded through reimbursement from outside sources, submit with a copy of relevant minutes and completed Reimbursement from Outside Agency Agreement form.

Steps to Approval

- Estimated Cost (request from Michelle McAvoy—mcavoy@mdusd.k12.ca.us; allow up to one week)
- Minutes (If Site Council program, submit copy of minutes approving the action; if Reimbursement from Outside Sources, such as PFC/PTA/PTSA, submit completed Reimbursement from Outside Agency Agreement form.)
- Program Compliance (Staffing Allocation will be forwarded to Student Achievement & School Support in Wing C)
- Fiscal Approval (funds verification: Staffing Allocation will be forwarded to Mika Arbelbide in Fiscal Services)
- Assistant Superintendent Approval (Student Achievement & School Support or Personnel)
- Position Control Approval (Michelle McAvoy in Fiscal Services)
- Board Approval (submitted to Board by Emily Lopez or Annette Campanella in Personnel)

Approved: _____
Student Achievement & School Support
(Program compliance and required minutes) Date

Approved: _____
Budget & Fiscal Services
(Budget approval) Date

Approved: _____
Assistant Superintendent or Superintendent Date

Retain a copy of this form for your own records.