

District Name: AIKEN

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

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

Transfer From (Include Program name and Current Allocation (include _____)) Transfer to (Include Program name and _____)

None this quarter.			

The appropriations excluded from this flexibility are listed in the Flexibility/Furlough/Expenditure Reporting Procedures #5. 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 rates in the following manner _____

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

(3) The following number of contracts were not renewed _____

(4) Our district _____

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

(6) Our district furloughed administrators the following number of days _____

(7) Our district has suspended the following noninstructional/nonessential programs for the 2015-16 school year. _____

A small number of high school teachers have student loads slightly in excess of 150 students.

District Approval: The signature below certifies that this notice was approved at _____

None at scheduled school board meeting

Board Chair Signature: Levi Green Date: September 30, 2015

Superintendent Signature: _____ Date: September 30, 2015

Completed by: (please print) _____ Date: September 30, 2015

Contact Phone No: _____

None. The District no longer negotiates salaries