

District Name: School District of Pickens County

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

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

Transfer From (Include Program name and sub-fund *) Current Allocation (include carryover amounts here) Transfer Amount (up to 100%) Transfer to (Include Program name and sub-fund)
 (Identify any prior year carryover amounts)

358 Reading	\$74,324.93 current plus \$89,681.63 carryover	\$83,000.00	100 General Fund
928 EEDA Career Specialists	\$488,976.00 current plus \$57,156.79 carryover	\$250,000.00	100 General Fund
960 K-5 Enhancement	\$569,773.03 current plus \$314,741.64 carryover	\$85,000.00	100 General Fund

* The following appropriations are excluded from this flexibility: Teacher Salary Supplement/Fringe (3550/3555), National Board Certification (3532), Teacher Supply (3577 unless otherwise specified by intent form), Teacher of the Year (3533), Aid to Districts Special Ed (3585) and IDEA - MOE - Special Allocation (3588); 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 ratios in the following areas: _____

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

(2)b The following number of contracts were not renewed _____

(3) Our district negotiated the following number of retiree salaries _____

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

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

(5) Our district has suspended the following noninstructional/nonessential programs for the 2011-2012 school year.

Reduced energy, telecommunications, and water.
Reduced administrative and operational personnel.
Reduced per pupil allocation to 57%, Central Services supplies and professional development.

District Approval: The signatures below certify that this action was approved at a regularly scheduled school board meeting

Board Chair Signature: _____

Date: 5/29/12

Superintendent Signature: _____

Date: 5/29/12

Completed by: (please print) Terri Smith

Date: _____

Contact Phone No: (864) 397-1041