

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 *) (Identify any prior year carryover amounts)	Current Allocation (include carryover amounts here)	Transfer Amount (up to 100%)	Transfer to (Include Program name and sub-fund)
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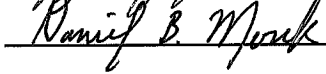
960 K-5 Enhancement Program	Flex \$385,854.62 from carryover	\$385,854.62	311 Professional Development

* The appropriations excluded from this flexibility are listed in the Flexibility/Furlough/Expenditure Reporting Procedures in #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 ratios in the following areas: _____
- (2) Our district delayed the following number of teacher contracts: _____
- (3) The following number of contracts were not renewed _____
- (4) Our district negotiated the following number of retiree salaries _____
- (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 2015-2016 school year. _____

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

Board Chair Signature:	<u></u>	Date: <u>6/27/16</u>
Superintendent Signature:	<u></u>	Date: <u>6.27.16</u>
Completed by: (please print)	<u>Matt Owens</u>	Date: <u>6/21/2016</u>
Contact Phone No:	<u>864-397-1022</u>	