5TH DAY ADJUSTMENT FORM

_____
(school name)

1. If you are losing staff, please list the names or 'vacant' for the overstaffed position
2. If you are paying for the position with dollars, please list the codes to reduce at the bottom.
3. List the code at the bottom to reduce for your negative Section 6 (flex) adjustment.

1

DELETED POSITION(S):
(Positions you are losing)

Position Title	**# of Positions**	Name or Vacant

2 & 3

MUNIS CODES TO BE REDUCED:
(Do not list codes for the positions above)

ORG	**OBJECT**	**PROJECT**	**AMOUNT**

Principal's Signature **Date**

SBDM Council Signatures:

_____ _____

_____ _____

_____ _____

_____ _____