

	School	School Year:	
Date: Scho	001:		
Allocation Request & Ration	onale: (to be completed by Principal/Site Administrat	tor)	
Estimated Budgetary Impa	ct: (to be completed by Business Services)		
Allocation Change: (to be d	completed by District Administration)		
Add:# Unit(s)			
	Position/Title		
From: Reserve	Other: (specify)		
Delete:# Unit(s)	Position/Title		
	Other: (specify)		
Comments:			
	_		
Allocation Adjustment			
Convert	(# <i>Unit(s)</i> to	(# Unit(s)	
Comments:			
approved by:			

Form No.: ADM-2324-007 – Unit Allocation Change Request / Administration Revised Date: 3/11/25

Superintendent

Date