

Part Time Budget Adjustment Form

Instructions: Save a copy of this form to your drive or desk top. When form is completed, email it to the Budget Office. Responses for Budget Adjustments from the Budget Office will be sent via email.

Submitted By _____ Date _____

Department _____ Fiscal Year(s): _____

FOAP _____ - _____ - _____ - _____

Adopted Part-Time Budget: \$ _____ (original budget amount at start of year)

Accounted Part-Time Budget: \$ _____ (current budget amount)

Available Part-Time Budget: \$ _____ (amount of budget remaining)

Adjustment Amount Requested ☐ add ☐ decrease \$ _____

Reason/Comments: _____

☐ New Vacancy. Whose vacant position is this backfilling (name)? _____

☐ Reassignment. Attach approved reassignment request.

☐ Leave. Who is/will be on leave (name)? _____

Anticipated length of leave: _____

☐ Change in Service or Activity. Describe _____

☐ Change in Enrollment. Describe _____

☐ Other. Describe _____

Routing and Approval

Dean/Director/Manager _____ Date _____

Budget Office _____ Date _____

Executive Dean/Vice President _____ Date _____

Return to the Budget Office when all signatures complete

Budget Office Use Only:

Date Rec'd _____ Entered By _____ Date _____

☐ Recurring

☐ Non-Recurring

FUNDING SOURCE

☐ Salary Reserves

☐ FPD

☐ ASA

☐ CPTD

☐ College Services

☐ Other