



**SAN ANTONIO INDEPENDENT SCHOOL DISTRICT**  
**REQUEST FOR CHANGE IN ALLOCATION OF PERSONNEL UNITS**

DATE: \_\_\_\_\_

CAMPUS/DEPT NAME: \_\_\_\_\_ CAMPUS/DEPT #: \_\_\_\_\_

1. TYPE OF UNIT:  Professional  Paraprofessional  Classified

2. ACTION REQUIRED: <input type="checkbox"/> Add <input type="checkbox"/> Funding Change <input type="checkbox"/> Title Change <input type="checkbox"/> Organization Change	
3. UNIT TO BE ADDED/TRANSFERRED TO: Job Title _____ Job Code: _____	
From: _____ unit(s)	To: _____ unit(s).
Proposed Funding - 20 Digit Budget Code(s) and Percentage(s):	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
Total Cost Of Unit: \$ _____	
(\$ Amount - No Cents)	

4. ACTION REQUIRED: <input type="checkbox"/> Delete <input type="checkbox"/> Funding Change <input type="checkbox"/> Title Change <input type="checkbox"/> Organization Change	
5. UNIT TO BE DELETED/TRANSFERRED FROM: Job Title _____ Job Code: _____	
From: _____ unit(s)	To: _____ unit(s).
Current Funding - 20 Digit Budget Code(s) and Percentage(s):	
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____
Total Cost Of Unit: \$ _____	
(\$ Amount - No Cents)	

6. NAME OF EMPLOYEE (if applicable): \_\_\_\_\_

7. EFFECTIVE DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Pay Classification \_\_\_\_\_  
 (for added positions only)

9. Rationale:

*(Continue on reverse side if necessary.)*

1. Originator – Principal/Department Head _____ Date _____	2. Approved – Program Director (if applicable) _____ Date _____
3. Approved – Associate/Assistant Superintendent _____ Date _____ /Supervisor	4. Approved –Associate Superintendent, _____ Date _____ Financial Services
5. Approved – Associate Superintendent, Human _____ Date _____ Resources	

Copies to: Principal/Department Head  
 Program Director (if applicable)  
 Associate/Assistant Superintendent/Supervisor

Deputy Superintendent, Financial Services  
 Associate Superintendent, Human Resources  
 Director, Planning And Budget Office