***Sacramento City Unified School District***

**SCOE USE ONLY:**

**Approved**

**Not Approved**

**Initials\_\_\_\_\_\_\_\_\_\_\_**

**2023-2024 NEW POSITION OR CHANGE IN FTE**

**JUSTIFICATION FORM**

**Instructions:** Complete this form for new positions or change in FTE. This form should be submitted with the Position Requisition Form (BUD-F001). Submit completed documents to the Chief Officer who oversees the initiating department or school site.

|  |  |
| --- | --- |
| **Date** | Click here to enter a date. |
| **Position Title** | Click here to enter text. |
| **Department/School Site** | Click here to enter text. |
| **SCUSD Goal** | Click here to enter text. |
| **1. Description of Service/Program/Position:** | |
| Click here to enter text. | |
| **2. Justification for New Position or Increase in FTE:** | |
| Click here to enter text. | |
| **3. Annual Cost of Position (Salary and Benefits):** | |
| Click here to enter text. | |
| **4. One-time or Ongoing Funds and Funding Source (e.g. Title vs. Unrestricted General Fund):**  **4. a** Choose an item.  **4. b** **Select Funding Source:** Choose an item.  **If Other or multi-funded, enter Resource Code(s) and Resource Title(s):**  Click here to enter text. | |
|  | |
| **5. Subject to Collective Bargaining (Yes/No):** | |
| No | |
| **6. Impact on Students:** | |
| Click here to enter text. | |
| **7. Impact on Employees:** | |
| Click here to enter text. | |
| **8. Impact on Operations:** | |
| Click here to enter text. | |