

2015-2016 FIRST QUARTER BUDGET AND STAFFING ADJUSTMENTS

**Department Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Budget Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Step 1 – Budget Adjustments No Request**

## **Section A – Requests, Including Status of Budget as of First Quarter**

Describe the adjustment(s) your department is requesting by including all of the required information in Step 1, Section A of the 2015-2016 First Quarter Budget Instructions.

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| **Response:** |

**Step 2 - Staffing Adjustments No Request**

## **Section A – Request for First Quarter**

Please describe the staffing adjustment your department is requesting by including all of the required information in Step 2, Section A of the 2015-2016 First Quarter Budget Instructions.

**Table A – Unfunding, Restoring, Adding or Deleting**

|  |  |
| --- | --- |
| **REQUEST: (Summary only. Please complete separate Excel chart in Section B with position detail.)** | |
| **QUESTION** | ANSWER NARRATIVE (REASON/WHY) |
| **Describe the specific reasons why you are requesting this staffing change and any fiscal impact on your department. Describe the funding source if applicable.** |  |

**Table B – Reduction-In-Force**

|  |  |
| --- | --- |
| **REQUEST: (Summary only. Please complete separate Excel chart in Section B with position detail.)** | |
| **RIF QUESTION** | ANSWER NARRATIVE (REASON/WHY) |
| **Describe the budget/operational constraints that require the department to implement a reduction-in-force. Please include what other options were evaluated in making this decision.** |  |
| **Describe how you determined what classification(s) are affected by the reduction-in-force action.** |  |
| **Describe the impacts to the department’s operations as a result of this reduction-in-force action.** |  |

**Table C – Technical Adjustments (Transfers, Classification Studies)**

|  |  |
| --- | --- |
| **REQUEST: (Summary only. Please complete separate Excel chart in Section B with position detail.)** | |
| **QUESTION** | ANSWER NARRATIVE (REASON/WHY) |
| **Describe the specific reason why you are requesting this technical adjustment. How will this adjustment affect your department?** |  |