Flagler County Schools

Human Resources Department

Budget Impact Form

School/Dept: **Date:**

Center: **Name of Admin/Supervisor:**

		Type of Action									
Name	**Position**	**New Position Y/N**	**Contract Extension**	**Resign or Term**	**Change in Hrs/Days**	**OLD Hrs or Days**	**NEW Hrs or Days**	**Current Annual Salary**	**Proposed Annual Salary**	**Is this in existing budget?**	**Impact to Budget**
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Reason for change:

If the above total causes your department or school to be over budget, how do you plan to cover the shortfall?