

District Name: Spartanburg Four

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

Quarter: 1 (x) 2 () 3 () 4 ()

Transfer From (Include Program name and sub-fund *) (Identify any prior year carryover amounts)	Current Allocation (include carryover amounts here)	Transfer Amount (up to 100%)	Transfer to (Include Program name and sub-fund)
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* The appropriations excluded from this flexibility are listed in the Flexibility/Furlough/Expenditure Reporting Procedures in #5. Districts should use judicious caution when transferring any funds received through a competitive grant process.

Staffing Flexibility/Maximizing Resources (provide additional information as necessary)

(1) Our district suspended staffing ratios in the following areas: _____

(2) Our district delayed the following number of teacher contracts: _____

(3) The following number of contracts were not renewed _____

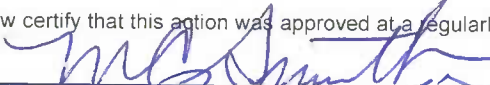
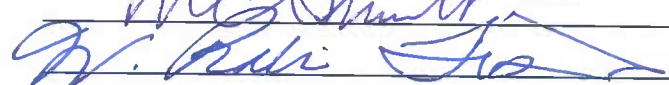
(4) Our district negotiated the following number of retiree salaries 5.2

(5) Our district furloughed teachers the following number of days _____

(6) Our district furloughed administrators the following number of days _____

(7) Our district has suspended the following noninstructional/nonessential programs for the 2016-17 school year. _____

District Approval: The signatures below certify that this action was approved at a regularly scheduled school board meeting.

Board Chair Signature:  Date: 9/12/16
 Superintendent Signature:  Date: 9-12-16
 Completed by: (please print) Christopher B. Benfield Date: 09/12/2016
 Contact Phone No: 864-476-3186