

SCDE Receipt:

District Name: GEORGETOWN

**Section I. (provide additional forms as necessary)**

Transfer From (Include Program name and sub-fund *) (Identify any prior year carryover amounts)	Current Allocation	Transfer Amount (up to 100%)	Transfer to (Include Program name and sub-fund)
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\* The following appropriations are excluded from this flexibility (both as transfers into and out): Teacher Salary Supplement/Fringe, National Board Certification, Teacher Supply and Teacher of the Year  
 Districts should use judicious caution when transferring those funds received through a competitive grant process

**Section 2. (provide additional information as necessary)**

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

**None**

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

**741**

(2)b The following number of contracts were not renewed

**10**

(3) Our district negotiated the following number of retiree salaries

**10**

(4) Our district furloughed teachers the following number of days

**None**

(4)b Our district furloughed administrators the following number of days


**None**

(5) Our district has suspended the following noninstructional/nonessential programs for the 2008-2009 school year.

<b>Our district has suspended the following non-instructional/nonessential programs for the 2008-2009 school year:</b>
* Reduction in overnight travel expenses.
* Reduction in membership dues and fees.
* Reduction in non-instructional supplies and equipment purchases.
* Closed the District's Central Warehouse.
* Reduction in district wide contracted services and copier rentals.

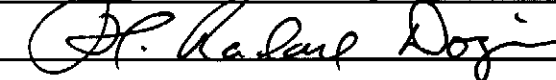
District Approval: The signatures below certify that this action was approved at a regularly scheduled school board meeting.

Board Chair Signature:



Date: 06/16/09

Superintendent Signature:



Date: 06/16/09

Completed by: (please print)

Lisa O. Johnson

Date: 06/16/09

Contact Phone No:

(843)436-7070