

District Name: Lexington One (Page 1)

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

Quarter: 1 () 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)
309 Arts in Education	\$1285.06 Prior Year Carryover	\$205.06	100 General Fund
326 Science Kit Refurbishment	\$79,821.95 Prior Year Carryover	\$21,657.85	100 General Fund
338 At Risk	\$2,508,765 Prior Year Carryover	\$790,000.00	100 General Fund
344 High Achieving	\$432,533.08 Prior Year Carryover	\$432,533.08	100 General Fund
378 High Schools That Work PY	\$39,395.18 Prior Year Carryover	\$9,888.00	100 General Fund
378 High Schools That Work CY	\$81,117.66 Current Year Alloc.	\$11,107.98	100 General Fund
392 Work Based Learning PY	\$41,049.99 Prior Year Carryover	\$41,049.99	100 General Fund

Note PY indicates Prior Year and CY indicates Current Year.
 * 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) 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 2014-15 school year. _____

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

Board Chair Signature: Delma L. Knight Date: 5/19/15
 Superintendent Signature: Laver G. Woodward Date: 5-19-15
 Completed by: (please print) Deena Bishop Date: 5/12/15
 Contact Phone No: 803-821-1166

District Name: Lexington One (Page 2)

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

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

Transfer From (Include Program name and sub-fund *) Current Allocation (include carryover amounts here) Transfer Amount (up to 100%) Transfer to (Include Program name and sub-fund)
 (Identify any prior year carryover amounts)

392 Work Based Learning CY	\$93,594 Current Year Alloc.	\$50,000.00	100 General Fund
394 EEDA Career Awareness	\$33,245.61 Prior Year Carryover	\$4,950.00	100 General Fund

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

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

Board Chair Signature: Debra L. Knight Date: 5/19/15
 Superintendent Signature: Karen C. Woodward Date: 5/19/15
 Completed by: (please print) Deena Bishop Date: 5/12/15
 Contact Phone No: 803-821-1166