

District Name: Lexington One

SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

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

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)

302 ADEPT	\$27,607.66 Prior Year C/O	\$20,000.00	100 General Fund
326 Science Kit Refurbishment	\$124,279.21 Prior Year C/O	\$20,000.00	100 General Fund
338 At Risk	\$2,989,147.50 Prior Year C/O	\$400,000.00	100 General Fund
378 High Schools That Work	\$13,081.67 Prior Year C/O	\$1,600.00	100 General Fund
926 EEDA - Misc.	\$22,008.52 Prior Year C/O	\$12,225.00	100 General Fund
937 Student Health & Fitness	\$174,140.86 Prior Year C/O	\$174,140.86	100 General Fund
945 High School Reading Init.	\$30,000.00 Prior Year C/O	\$19,000.00	100 General Fund

* The following appropriations are excluded from this flexibility: Teacher Salary Supplement/Fringe (3550/3555), National Board Certification (3532) Teacher Supply (3577), Teacher of the Year (3533), Aid to Districts Special Ed (3585) and Palmetto Priority (3571). 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 2011-12 school year. _____

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

Board Chair Signature: _____

Date: 5-21-13

Superintendent Signature: _____

Date: 5-21-13

Completed by: (please print) _____

Deena Bishop

Date: 5/21/13

Contact Phone No: _____

803-821-1166