

WCSD Fiscal Year 2024-25
Funding Approval Request Form

For Personnel and Critical Contracts/Purchases

**Once completed and signed by department head, please use *submit* button.
Unsigned or incomplete forms will be returned and your request may be delayed.**

Please select Fund Number before proceeding.

SECTION 1: Contact Information

Department/Office:

Program:

Contact Person:

Send Notification to:

SECTION 2: Request Description and Justification

Title of Request:

Type of Request:

Personnel Only

Non-Personnel Only

Combination Request

Position Title

Incumbent's Name

Salary & Benefit Cost

Pay Grade

FTE

Number of Days

Please provide justification for this request. Explain how the requested change provides essential or compulsory Department support.

Effective Date

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SECTION 3: *Funding Impact Statements*

What is the impact or risk if the request is not approved?

What other ways have been explored to meet the identified needs(s) prior to requesting the contract/purchase (i.e utilizing staff employed in a department, consideration of other available options that meet the required minimum service or performance level that are less expensive, hiring of staff at a lower cost to perform the service, utilizing other equipment within the office of sharing with a nearby department, etc.)?

Additional Funds Requested

Account Number

Department Head Approval

By adding my signature, I acknowledge that I support this request, I have reviewed this information, and to the best of my knowledge, assert it is a true, accurate and complete representation of this request. Click Signature Field to Sign.

Department Head

Leadership Team Member

FRC Recommendation (Business Office Use Only)

FRC approves this request

FRC does not approve this request

Budget Director