

MACON COUNTY

FY  Budget Preparation

REQUEST FOR CHANGE IN CURRENT STAFF

Department:

Describe staffing change requested:

Detailed Justification of Request:

Annual Effect on Budget

Percent:\*\*

Annual Salary amount of change:  Account #

Other related changes amounts and account numbers:

Account name	Amount	Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
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\*\* Full-time: 40 hours = 100%  
Part-time: 20 hours = 50%; 30 hours = 75%; etc.

(Please make copies for your own needs)