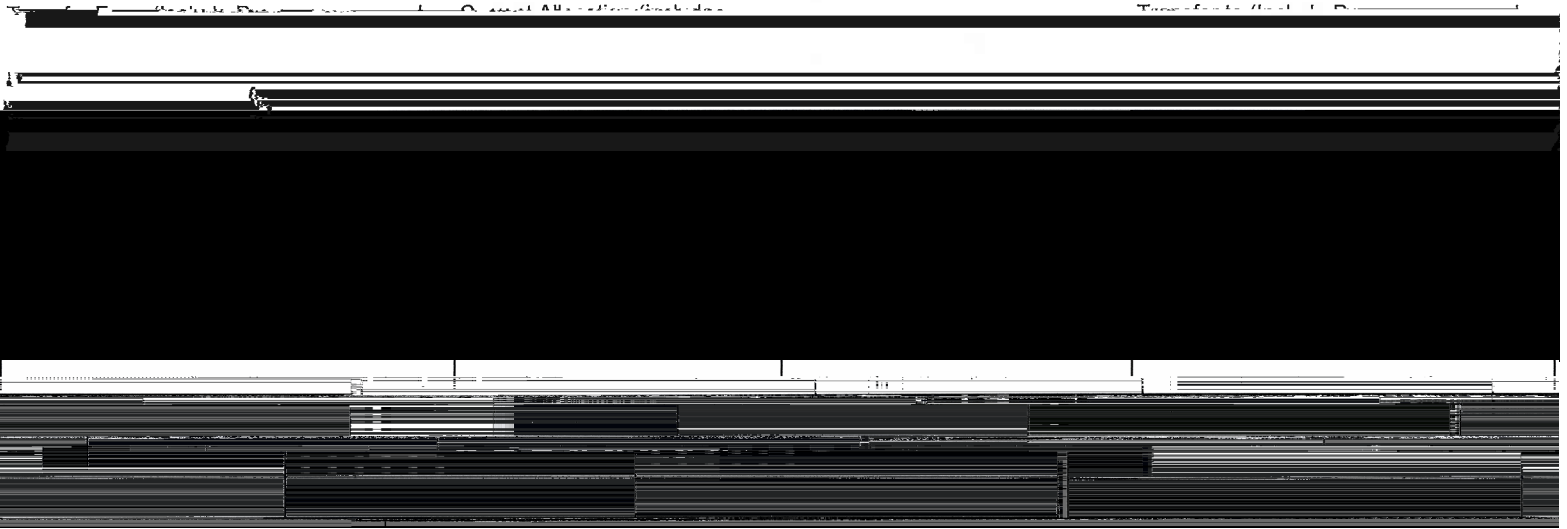


District Name: AIKEN

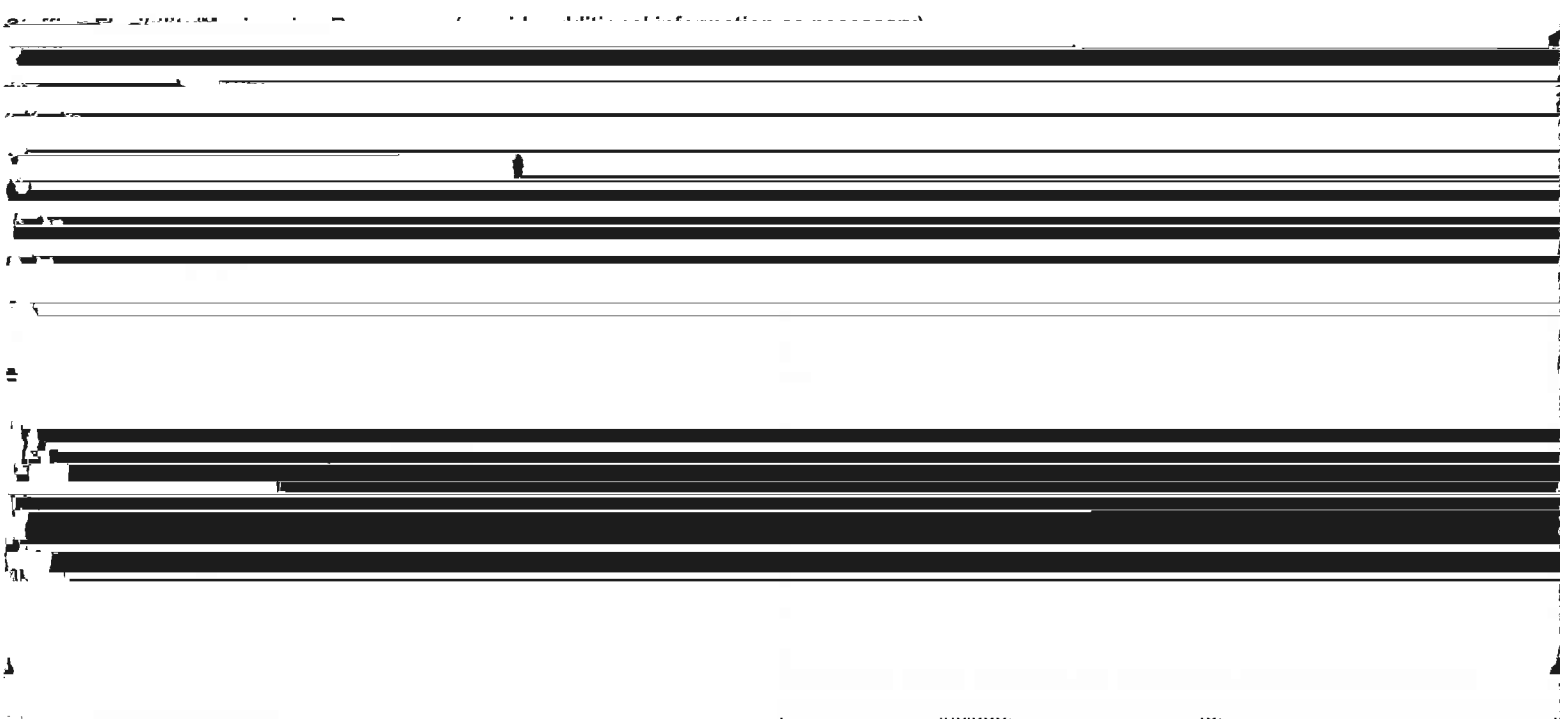
SCDE Receipt: _____

Financial Flexibility (provide additional forms as necessary)

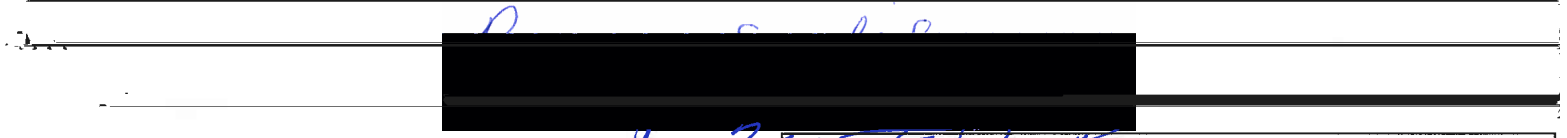
Quarter: 1 () 2 () 3 () 4 (x)



* 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



Programs: _____
Fringe: _____
Instruction: _____
Other: _____
schools, _____
playoff supplements, _____



(1) Our district suspended staffing ratios in the following areas: None

(2) Our district delayed the following number of teacher _____