#  Mississippi Department of Education MOE AMOUNT

 **Office of District Fiscal Services**

# JUSTIFICATION FOR MAINTENANCE OF EFFORT FOR FY 18: RETIREMENT OR DEPARTURE OF STAFF

# School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Code #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **2014-2015****Teacher** | Total Salary & Benefits**$$** | **2015-2016****Replaced By****Qualified Lower Salaried Staff\*\*** | Total Salary & Benefits**$$** | Justification/Explanation\*\* | **Difference** |
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|  |  |  |  | TOTAL |  |

**DIRECTIONS:** (1)Report the name of the teacher for 2014-15 and the total salary including benefits. (2) Report the name of the replacement for 2015-16 and the total salary including benefits. (3) Subtract the total salary for 2015-16 from total salary from 2014-15 to obtain the **difference.** (4) Provide employee account distribution sheet for each employee listed.

**\*\*If not replaced by qualified, lower salaried staff, explain how students with disabilities were served; attach additional narrative if necessary.**

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 **Superintendent’s Signature Date**

**MDE**

**APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DIVISION DIRECTOR OFFICE DIRECTOR II BUREAU DIRECTOR**

#  Mississippi Department of Education MOE AMOUNT

# Office of District Fiscal Services

# MAINTENANCE OF EFFORT CHART FOR FY 18

# Justification for (1) Reduced Child Count, or (2) Termination of Costly Expenditures

**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Code #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **2014-2015**Description of Expenditure | **Total Amount** |  | **2015-2016****Justification/Explanation** | Total Amount | **Difference** |
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|  |  |  |  | TOTAL |  |

**DIRECTIONS:** (1)Describe the expenditurefor 2014-15 and report the total amount. (2) **Explain the justification for reduction** for 2015-16 and report the total amount. (3) Subtract the total amount for 2014-15 from total amount from 2015-16 to obtain the **difference.** (4) Provide all documentation to support the justification.

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 **Superintendent’s Signature Date**

 **MDE**

 **APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DIVISION DIRECTOR OFFICE DIRECTOR II BUREAU DIRECTOR**