

APS DEPARTMENT PROGRAM REQUEST

CREATING QUALITY SCHOOLS THROUGH STRATEGIC PLANNING

Incomplete forms will be returned without processing.

General Processing information: APS Budget Steering Committee requires ALL information below and all related attachments before new programs (requests) or existing program changes can be considered. Please be as detailed as possible in the supporting documentation. See [Program Modification Approval Process](#) for further information.

Date of Request _____

Name and Title of person making request _____

Phone _____ Email _____

Title of Request _____ Is this a recurring cost? ____ Yes ____ No

(Brief title for reference purpose)

Is this a new request ____ Yes ____ No (expansion)—existing program name: _____

Department responsible for request _____ Dept # _____

Total Cost of Request (including payroll taxes/benefits and other fees where appropriate) _____

Can this request be phased in? ____ No ____ Yes—How many phases? _____

Will this request require additional FTE (increase in current FTE not including vacancies)?

____ No ____ Yes—How many? _____

Attach all of the following:

____ full program proposal

____ [budget worksheet](#) by line item in excel—a template can be [downloaded](#) from the Budget Website

Attach all of the following IF FTE changes are included

____ list of requested FTE with corresponding job description for each position

____ proposed organizational chart with with new positions indicated

Provide in the space below a short summary of the request to include major objective, cost and anticipated start date.

Requested by (signature) _____

Supported by Budget Steering Committee Member (signature) _____

Only Electronic Submissions Accepted.....Email to: budget@aps.edu

____ **Approved** on _____ by BSC Member _____

____ **Denied**