# Mississippi Department of Education MOE AMOUNT

**Office of Special Education**

# JUSTIFICATION FOR MAINTENANCE OF EFFORT FOR FY 16: RETIREMENT OR DEPARTURE OF STAFF

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

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| --- | --- | --- | --- | --- | --- |
| **2012-2013**  **Teacher** | Total Salary & Benefits **$$** | **2013-2014**  **Replaced By**  **Qualified Lower Salaried Staff\*\*** | Total Salary & Benefits **$$** | Justification/Explanation\*\* | **Difference** |
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|  |  |  |  | TOTAL |  |

**DIRECTIONS:** (1)Report the name of the teacher for 2012-13 and the total salary. (2) Report the name of the replacement for 2013-14 and the total salary. (3) Subtract the total salary for 2013-14 from total salary from 2012-13 to obtain the **difference.** (4) Provide employee account distribution sheet for each employee listed.

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

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**Superintendent’s Signature (Blue ink) Date**

**MDE**

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

**DIVISION DIRECTOR OFFICE DIRECTOR II BUREAU DIRECTOR**

# Mississippi Department of Education MOE AMOUNT

# Office of Special Education

# MAINTENANCE OF EFFORT CHART FOR FY 16

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

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

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| --- | --- | --- | --- | --- | --- |
| **2012-2013** Description of Expenditure | **Total Amount** |  | **2013-2014**  **Justification/Explanation** | Total Amount | **Difference** |
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|  |  |  |  | TOTAL |  |

**DIRECTIONS:** (1)Describe the expenditurefor 2012-13 and report the total amount. (2) **Explain the justification for reduction** for 2013-14 and report the total amount. (3) Subtract the total amount for 2012-13 from total amount from 2013-14 to obtain the **difference.** (4) Provide all documentation to support the justification.

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**Superintendent’s Signature (Blue Ink) Date**

**MDE**

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

**DIVISION DIRECTOR OFFICE DIRECTOR II BUREAU DIRECTOR**