



Personnel Authorization Manual

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PA COMPLETION QUESTIONS:

If you have any questions related to completing/processing PA's, please send an email to paform@stocktonusd.net

Payroll End-of-Month Deadlines 2021-22

Complete, fully approved PA's must be received by Budget no later than the date below in order to hit that month's payroll:

	PY DATE:	7/30/21	8/31/21	9/30/21	10/29/21	11/30/21	12/30/21	1/31/22	2/28/22	3/31/22	4/29/22	5/31/22	6/30/22
Major Departmental Activities	Time												
Budget-													
Cut-off for Completion of PAs	4:00 PM	7/6/21	8/10/21	9/9/21	10/8/21	11/5/21	12/2/21	1/7/22	2/3/22	3/9/22	4/8/22	5/10/22	6/9/22

PERSONNEL AUTHORIZATION (PA) PROCESS:

- ORIGINAL PA's must go thru the approval process. Copies can be made for your records, but should not be distributed for approvals.
- The COMMENTS section of the PA must be filled out and give an explanation of the need of the PA.
- PA's must be completed with enough time to go thru the approval process, **prior to the begin date.**
- With the exception of Extended School Year, PA's may not cross fiscal years.

PA ROUTING PROCESS:

- PA's are to be sent via e-mail as PDF attachments. Other formats, such as JPG do not allow editing and electronic approvals.
- **You can have multiple attachments on an e-mail, but only ONE PA per attachment is allowed.**
 - If you have to print PA's to obtain signature(s) each one must be scanned separately to be sent for the next signature.
- **To avoid duplicate copies of PA's being circulated, only e-mail the PA to the appropriate person to obtain the next approval. Including others on the e-mail can result in multiple copies getting circulated and duplicates accidentally being approved.**
- If you receive a PA out of order (example, it comes to you for Cabinet approval, but the Director/Department Manager has not approved it yet) please return it to the person who sent it to you. PA's should be sent in approval order to ensure all approvals are obtained and duplicates are not received.

1. Site Secretary/Admin Assist/Ect. - Creates the PA
2. Admin (Principal, Manager, etc.)
3. Budget Approval:
 - a. General Fund New, Delete, Title Change, FTE Change, Prep, or Fund Changes go to the Budget Assistants
 - b. General Fund for Additional Comp go to Accounting Assistants (General Ledger)
 - c. See the attached list for all others (pages 16-19)
4. Site Director
5. Director overseeing LCAP (LCAP Funds Only)
6. Cabinet
7. Director of Fiscal Services (New Position and FTE increase)
8. CBO*
9. Superintendent*

*Approval of the CBO and Superintendent are only needed when:

- Creating a NEW position that is not part of the site's allocation
- Increasing an FTE
- A title change that includes an increase in salary
- A position that will be above the site's allocation (teachers working prep above allocation)

10. Budget Assistant

11. HR Analysts
12. HR Operations
13. Payroll

***Please take note of how many people will be approving your PA's. You want to make sure you begin the process with enough time to obtain all approvals before the begin date of the PA.**

A NOTE ABOUT CSEA 821 AND ADDITIONAL COMP:

Article VII, Section 7.4

Any bargaining unit member in the bargaining unit who works an average of fifteen (15) minutes or more per day in excess of his/her regular part-time assignment in the same classification, regardless of location, for a period of twenty (20) consecutive days or more shall have his/her regular assignment adjusted upward to reflect the longer hours, effective with the next pay period. However, this provision shall not apply where the excess time worked was in a vacant position provided the appointment does not exceed sixty (60) calendar days in accordance with Section 13.1.4.1.

EXAMPLE:

You have a 3.5-hour aide that works an extra two hours a day for 20 consecutive days. That aide now becomes a **permanent 5.5-hour aide** at your site, which could have a major impact on a school or department budget.

It is the site's responsibility to monitor employees working extra time so they do not become permanent at the additional hours.

NOTE: PA's are not needed for employees who work occasional overtime doing their normal job functions, but they are required for employees "Acting" in a different position or for those "Working Out of Class"

Calculating FTE for Classified Employees:

Number of Hours of the Positon	FTE
3.0	.375
3.5	.4375
4.0	.50
4.5	.5626
5.0	.625
5.5	.6875
6.0	.75
6.5	.8125
7.0	.875
7.5	.9375
8.0	1.0

LOCATION:

The site name should be the location where you want the position to appear on the Credit Leave Report. If the position is split between sites, list the site for the Credit Leave Report first.

**** ALL ITEMS IN RED MUST BE COMPLETED BEFORE THE PA IS PROCESSED ****

Never attach timesheets to PA's, this can cause a delay in payment.
Timesheets should be turned in to payroll.

NEW POSITION

- “NEW” is ONLY marked and used when you are creating a new position. New is not marked for advertising a current vacancy, additional comp, or funding changes.
- Each new position requires its own PA.
- If the New Position is a **brand new job title**, attach the job description as well as the board agenda item with the PA.

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. PERSONAL AUTHORIZATION

CERTIFICATED ← Mark the appropriate box for the position → CLASSIFIED

NAME: Leave Blank

ID: Leave Blank

POSITION: Position Title (MUST MATCH JOB DESCRIPTION TITLE)

LOCATION: See Note on Page 5

POSITION: NEW DELETE REOPEN REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
Leave blank	List all account codes for the new position.	% of each funding source
	Example: 1-100021065-11101 (Stagg, General Ed)	50%
	Example: 1-506431065-11101 (Stagg, Title I)	50%
	MUST TOTAL	100%

FUND CHANGE _____ WORKING OUT OF CLASS _____ ACTING FOR _____

DATES: BEGIN: date the position should begin END: leave blank unless position is temporary EMPLOYED: list the FTE
If temporary: put the date the position will end

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER

- Explain the need for the new position.
- If this is a brand new job title, attach the job description and Board Agenda Item to the PA.
- If an LCAP position, include the LCAP reference number here (example: LCAP SA 3.2).
- For Classified positions that are less than 8 hours include the work schedule here (ex: 3 ½ hours = work schedule for the position is 7:30 a.m. – 11:00 a.m.).
- For jobs that can have a various work year, put the number of work days in the year here (example, nurses can be 190 or 212 days).
- Site LCFF funded positions should include the SPSA reference number

ORIGINATOR: Typed name and extension of person preparing this form

DATE: Today's date

MANAGER: Managers printed name and Signature Required

DATE: Date Signed

II. POSITION CONTROL APPROVAL

CABINET: Signature Required

DATE Date Signed

Cabinet Level Approval

BUDGET CBO and Superintendent's signatures are required for NEW positons

DATE Date Signed

WORKING OUT OF CLASS

- Working out of Class PA's are only done for Classified Positions.
- Working out of Class PA's should be completed on an as needed basis. They should not be done as a blanket PA to cover the entire year for a position.
- Certificated positions can be filled as Interim. They can't be Working out of Class.

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED Mark this box → CLASSIFIED

NAME: Name of employee working out of class ID: employee's ID #
 POSITION: Position employee is working out of class/acting in LOCATION: Site name where acting
 POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
<u>PCN Number of position working out of class in.</u>	<u>Account Code(s) of the position the employee is filling-in for.</u> The object (last 5 digits of the account code) are additional comp. if the position is currently filled. If the person is acting in a vacancy, the object code would be the same object code as the vacant position. This can be found on the staffing report.	<u>% of each funding source</u>
	Example Vacant Custodian: 1-7470281A1-22101	100%
	Example w/ Permanent Employee on leave: 1-7470281A1-22500	100%
	MUST TOTAL	100%

FUND CHANGE _____ WORKING OUT OF CLASS **X** ACTING FOR: Name of person who is in or recently vacated the position being acted in

DATES: BEGIN: first date of acting END: last date of acting, no later than June 30 of current fiscal year EMPLOYED: list the FTE

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER:

- “Current Position” acting as “Title Acting in”, because
 - Ex: Office Assist acting as Senior Office Assist while employee is on extended leave.

ORIGINATOR: Typed name and extension of person preparing this form DATE: Today's date

MANAGER: Managers printed name and Signature Required DATE: Date Signed

II. **POSITION CONTROL APPROVAL**

CABINET: Signature Required DATE Date Signed
 Cabinet Level Approval

BUDGET _____ DATE _____

TITLE CHANGE

- Do not mark NEW and/or Delete

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED Mark the appropriate box for the position → CLASSIFIED

NAME: Name of employee if position is currently filled, otherwise leave blank ID: employee's ID #

POSITION: new position title (MUST MATCH JOB DESCRIPTION TITLE) LOCATION: See Note on Page 5

POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
Leave blank	List account code(s) for the position.	% of each funding source
	MUST TOTAL	100%

FUND CHANGE WORKING OUT OF CLASS _____ ACTING FOR: _____
(if title change includes a funding change, otherwise leave blank)

DATES: BEGIN: first date of new Title END: leave blank EMPLOYED: list the FTE

CHANGE POSITION TITLE: FROM Old Job Title ~~TO~~ Old position's PCN number

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER:

- Explain the need for the title change.
- If the new title is a brand new job title include the Board Agenda date and item number for the job description here
- If an LCAP position, include the LCAP reference number here (ex: LCAP SA 3.2)
- Include if there is salary schedule placement change (example: "From CSEA range 20 to 24").

ORIGINATOR: Typed name and extension of person preparing this form DATE: Today's date

MANAGER: Managers printed name and Signature Required DATE: Date Signed

II. **POSITION CONTROL APPROVAL**

CABINET: Signature Required DATE Date Signed
Cabinet Level Approval

BUDGET CBO and Superintendents signatures are required if the new position costs more than the position being replaced and is not categorically funded or in the LCAP. DATE Date Signed

FUND CHANGE

- A fund change is any change in cost center, function, site, or object code. (any change in the account code)

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED Mark the appropriate box for the position CLASSIFIED

NAME: Name of employee if position is currently filled, otherwise leave blank

ID: employee's ID #

POSITION: Position Title

LOCATION: See Note on Page 5

POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR _____

PCN NUMBER	FUNDING SOURCE ACCOUNT NUMBER List the NEW account code(s) for the position.	%FUNDED % of each funding source
MUST TOTAL		100%

FUND CHANGE WORKING OUT OF CLASS _____ ACTING FOR: _____

DATES: BEGIN: first date of change END: leave blank EMPLOYED: list the FTE

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER:

- Reason for fund change
 - (examples, from cost center 49002 to 23020. Position moving from Adams to Bush. Correct from function 21 to 31)

ORIGINATOR: Typed name and extension of person preparing this form

DATE: Today's date

MANAGER: Managers printed name and Signature Required

DATE: Date Signed

II. **POSITION CONTROL APPROVAL**

CABINET: Signature Required
Cabinet Level Approval

DATE Date Signed

BUDGET _____ DATE _____

INCREASE/DECREASE % FTE

- This is only used if there will be an increase or decrease on a positions FTE. It is not used when the % of a funding account or location split is changing.

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED Mark the appropriate box for the position CLASSIFIED

NAME: Name of employee if position is currently filled, otherwise leave blank ID: employee's ID #

POSITION: Position Title LOCATION: See Note on Page 5

POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
PCN NUMBER	List the account code(s) for the position.	% of each funding source
	MUST TOTAL	100%

FUND CHANGE _____ WORKING OUT OF CLASS _____ ACTING FOR: _____

DATES: BEGIN: first date of change END: leave blank EMPLOYED: _____

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM .75 FTE TO 1.0 FTE

OTHER:

- Reason for the need to increase or decrease the position.

ORIGINATOR: Typed name and extension of person preparing this form DATE: Today's date

MANAGER: Managers printed name and Signature Required DATE: Date Signed

II. POSITION CONTROL APPROVAL

CABINET: Signature Required DATE Date Signed
Cabinet Level Approval

BUDGET _____ DATE _____

FILLING A VACANCY

- Vacancy PA's only have to be done for Classified positions.

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED Mark the appropriate box for the position → CLASSIFIED

NAME: Leave Blank

ID: Leave Blank

POSITION: position title (MUST MATCH JOB DESCRIPTION TITLE)

LOCATION: See Note on Page 5

POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR Name of employee who vacated position

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
PCN of Vacancy	List account code(s) for the position.	% of each funding source
	MUST TOTAL	100%

FUND CHANGE _____ WORKING OUT OF CLASS _____ ACTING FOR: _____

DATES: BEGIN: first day position can be filled END: leave blank EMPLOYED: list the FTE

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER:

- For Classified positions that are less than 8 hours include the work schedule here
 - (Example for a 3 ½ hour, .4375 FTE position – “Work Hours are from 7:30 a.m. – 11:00 a.m.”).

ORIGINATOR: Typed name and extension of person preparing this form

DATE: Today's date

MANAGER: Managers printed name and Signature Required

DATE: Date Signed

II. POSITION CONTROL APPROVAL

CABINET: Signature Required
Cabinet Level Approval

DATE Date Signed

BUDGET _____ DATE _____

ADDITIONAL COMPENSATION/DUTIES

- Certificated and Classified must be completed on separate PA's.
- Each Bargaining Unit must be completed separately.

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED Mark the appropriate box for the position → CLASSIFIED

NAME: Employee Name (or "See Attached List") ID: Employee ID, or Leave blank if using an attached list

POSITION: position title (blank if attached list) LOCATION: Site name

POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
	List account code(s) paying the additional comp.	% of each funding source
	Can put "see attached" for multiple account numbers	
	MUST TOTAL	100%

FUND CHANGE _____ WORKING OUT OF CLASS _____ ACTING FOR: _____

DATES: BEGIN: first date of additional comp. END: last date of additional comp EMPLOYED: _____

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

- OTHER:
- Justification for additional compensation/duties.
 - If it is an LCAP item, list the LCAP reference here (example: LCAP SA 3.2).
 - Please see page 13 for how attached lists should be formatted.

ORIGINATOR: Typed name and extension of person preparing this form DATE: Today's date

MANAGER: Managers printed name and Signature Required DATE: Date Signed

II. POSITION CONTROL APPROVAL

CABINET: Signature Required DATE Date Signed
Cabinet Level Approval

BUDGET _____ DATE _____

Must be alphabetically sorted by employees last name

Personnel Authorization Description							
		PA Dates					
		TENTATIVE LIST					
*Attach this list to the generated PA. This list is for employees who are approved to perform the work listed on the generated PA							
*Printed Name and Phone Number of who payroll should contact with questions.							
Employee ID Number	Type or Print Employees Legal Last Name	Type or Print Employees Legal First Name	Worked Performed Date	Hours/Day	Account #	Site	Position

Personnel Authorization Description							
		PA Dates					
		FINAL LIST					
*Send this list to payroll once validation of attendees has been done. Payroll will only pay the employees who are listed below.							
*Printed Name and Phone Number of who payroll should contact with questions.							
Employee ID Number	Type or Print Employees Legal Last Name	Type or Print Employees Legal First Name	Worked Performed Date	Hours/Day	Account #	Site	Position

TEACHERS WORKING PREP:

- Prep PA's are only done when a teacher is teaching a section of the same class and the same students every day during their prep (replacing their prep with another regular class).
- Be sure to complete PA's with plenty of time to go thru the approval process before the teacher(s) begin working prep.
- If the Prep is being paid using General Fund (your 10002 cost center) you must contact Erica Dimas with the number of prep PA's you are preparing, she may have further instructions on comments needed in the "OTHER" section

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I. **PERSONAL AUTHORIZATION** CERTIFICATED ← Mark this box CLASSIFIED

NAME: Employee Name ID: Employee's ID

POSITION: position title (MUST MATCH JOB DESCRIPTION TITLE) LOCATION: Site name

POSITION: NEW _____ DELETE _____ REOPEN _____ REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
	List the account number(s) the employee's regular pay comes from	% of each funding source, must equal 100% before prep.
	List the account number the prep period will be paid from.	.20 or .25 - PREP

FUND CHANGE _____ WORKING OUT OF CLASS _____ ACTING FOR: _____

DATES: BEGIN: **beginning date of teacher working prep** END: last day of the semester with student contact EMPLOYED: _____
(no earlier than the 1st student contact day of the semester)

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER: The following three items must be included on prep PA's"

- Amount of FTE - .25 FTE for block schedule or .20 FTE for traditional bell schedules
- "COURSE NAME" being taught during prep.
- If the prep due to the need of an additional section, or is it in place of a vacancy with no sub.
- Prep PA's are done on a semester basis. Remember to do 2nd semester prep PA's with enough time to go thru the approval process before the return from winter break.

ORIGINATOR: Typed name and extension of person preparing this form DATE: Today's date

MANAGER: Managers printed name and Signature Required DATE: Date Signed

II. **POSITION CONTROL APPROVAL**

CABINET: Signature Required DATE Date Signed
Cabinet Level Approval

DELETE A POSITION

**STOCKTON UNIFIED SCHOOL DISTRICT
PERSONNEL AUTHORIZATION FORM**

I **PERSONAL AUTHORIZATION** CERTIFICATED ← Mark the appropriate box for the position → CLASSIFIED

NAME: Employee Name if currently filled, or VACANT

ID: Employee ID

POSITION: position title (MUST MATCH JOB DESCRIPTION TITLE)

LOCATION: Site name

POSITION: NEW _____ **DELETE** REOPEN _____ REPLACEMENT FOR _____

PCN	FUNDING SOURCE ACCOUNT NUMBER	%FUNDED
PCN number of position being deleted	List account code(s) of position	% of each funding source
	*any positions funded by a Grant, LCAP, LCFF, or Charter Funds must be signed off by the appropriate department to ensure they are aware of the change	
	MUST TOTAL	100%

FUND CHANGE _____ WORKING OUT OF CLASS _____ ACTING FOR: _____

DATES: BEGIN: _____ END: end date of the position EMPLOYED: _____

CHANGE POSITION TITLE: FROM _____ TO _____

INCREASE/DECREASE YEAR: FROM _____ TO _____

INCREASE/DECREASE % FTE: FROM _____ TO _____

OTHER:

- Explanation. Example – “position never filled.”

ORIGINATOR: Typed name and extension of person preparing this form

DATE: Today’s date

MANAGER: Managers printed name and Signature Required

DATE: Date Signed

II. POSITION CONTROL APPROVAL

CABINET: Signature Required

DATE Date Signed

Cabinet Level Approval

BUDGET _____ DATE _____

General Ledger - Site Assignments	
- Ext. 2021	- Ext. 2019
Adams	Adult Ed
August	Edison
Bush	El Dorado
Chavez	Franklin
Cleveland	Hamilton
Commodore	Henry
Elmwood	Hoover
Fillmore	Huerta
Fremont	Jane Frederick
Grunsky	Madison
Harrison	Mata
Hazelton	Marshall
Hong-Kingston	McKinley
Kennedy	Merlo
King	Monroe
Kohl	Montezuma
Peyton	Primary Years Academy
Pulliam	Roosevelt
Rio Calaveras	San Joaquin
Stagg	Spanos
Stockton Alt. HS	Taft
Washington	Taylor
Weber	Van Buren
Wilson	Victory
	Walton
DEPARTMENTS	
Accounting	Bilingual
Associate Superintendent	Curriculum
Business Administration	CWA
Business Services	Compensatory Education
Budget	Deputy Superintendent Ed Services
Food Services	Education Services
Human resources	Guidance Services
Legal Services	Health Services
Police Department	Information Services
Purchasing Department	Reprographics/Mailroom
Parent Empowerment	Preschool
Parent Resource Center	Magnet Office
Research	Superintendent
Risk Management	Secondary Education
Transportation	Special Ed (SELPA, Young Adult, Mental Health)

STATE & FEDERAL - SITE ASSIGNMENTS

Title I Cost Centers		LCFF Cost Centers	
50643		23030	
50650		23020	
50671		23034	
50672		23035	
50647			
Jeannie Samson Ext. 2232	Virginia "Gina" Gonzales ext. 2028	ext. 2621	ext. 2024
Adams	El Dorado	All High Schools	All Departments
August	Hamilton		
Bush	Henry		
Cleveland	Hoover		
Elmwood	Huerta		
Fillmore	Madison		
Fremont	Marshall		
Grunsky	McKinley		
Harrison	Monroe		
Hazelton	Primary Years		
Hong Kingston	Roosevelt		
Kennedy	San Joaquin		
King	Spanos		
Kohl	Taft		
Peyton	Taylor		
Pulliam	Tyler		
Rio Calaveras	Van Buren		
Stockton Skills	Victory		
Washington			
Wilson			
Nightingale			
Pittman			

Grant Cost Centers - Kelly Townley x2049			
Grant Name	Cost Centers	Grant Name	Cost Centers
ROTC	10035	TUPE Grant	58635
Adult Ed Block	15060	LCSSP grant (Willie B. Adkins)	58842
ROP Lottery	17802/17830	Project Prevent	58934
Special Ed Infant	35002	ASES Grant	59511
Special Ed Mental Health	37110	RTD Officer-Weston Ranch	59813
AP/IB Exams	50034	First 5 Grant	59822
Local Solutions Grant	50037	Dart Grant	59825
Teacher Residency Grant	50038	Manteca Unified Police Officer	59833
PSAT Exams	50041	Lowes Toolbox Grant	59853
College Readiness Block Grant	50213	Premier CCU Grant	59854
Adult Ed WIOA Grant	50730/50734/50752	Community Engagement Grant	59858
Johnson O'Malley	50802	Head Start Grant	59859/60
Title VII Indian ED	50830	Head Start Carryover-Closed 1/31/18	59861
Education for Homeless Youth	50950	Hamilton Extended Year Grant	59862
Grev 1406 Edison Portable	51230	QRIS Funds	59863
CA Partnership Academy-Franklin/Weber	51430/51435	Project Literacy - Huerta	59864
Weber Tech Academy	51437/51438	PG&E Enhanced Robotics	59865
CAPP College - Merlo Inst.	51450/51	Scholastic Patterson Grant	59867
Middle School Foundation Grant	51452	City of Stockton- Fremont School	59870
MTSS (SUMS) Grant	51576	WestEd Science Grant	59871
Sp. Ed. Mental Health Grant	52003	SJ Valley Pollution Grant	59873
Infant Discretionary Funds	52032	Head Start Duration-Closed 1/31/18	59875
Fed. Pre-K Grant	52132	Project Lead The Way	59876
Pre-K Staff Dev.	52231	UOP Early Intervention	59877
Ind.W/Disabil.Grant	52302/52330	Stockton Rotary Endowment	59879
Early Ed Grant	52502	SJCOE Head Start Portables	59880
Pre-K Local Entitl.	52631	Families in Transition (Raleys&Niagara)	59881
Spec. Ed Alt Dispute Resolution	52730	Teaching Education	59882
Spec. Ed Alt Dispute Resolution Expansion	52732	C&S Wholesale Grocers Mini Grant	59883
Supporting Inclusive Practices	52733	Weyerhaeuser Giving	59884
Pre- K Reserve Acct.	53803	Mental Health Awareness	59885
Pre- K Family Lit.	53950	CSU Office of the Chancellor grant	59887
State Pre-K Grant (CSPP 7513)	53960/53961	WalMart Community grant	59888
Transition Partnership Program (TPP)	54702	Children's Cabinet grant	59889
Child Nutrition	55031	Action for Healthy Kids grant	59890
Perkins Grant	55202/10/13/14/17 18/33-39/51/57/72	Migrant ED Grant	59934
Career Tech Incentive Grant	55304	Friday Night Live-Jennifer Robles	59940
Agricultural CTEIG Grant	55305	BTSA Grant	59945
CTEIG Grant (new cc)	55306	Every 15 Minutes-Franklin/Chavez	59985
Workability Grant	57340	NCCEP Gear UP	59988

All cost centers beginning with a '5' are grants except for those listed on page 17.