

ADMINISTRATIVE ADJUSTMENT REQUEST
(With Supporting Documentation Attached)
AAR# _____

CONTRACTOR:	CONTRACT NO.:
ADDRESS:	BUDGET PERIOD
PROGRAM:	FUNDING SOURCE
REQUESTED BY:	TELEPHONE NO:
(Name and Title)	

REQUEST EFFECTIVE DATE: _____

DESCRIPTION OF REQUEST (Be specific):

REASON FOR REQUEST (Be specific. Justify reason and ability to increase/decrease previously budgeted amounts):

NOTE: Mid-year Budget Adjustments to reduce S&B due to vacancies/delayed hiring shall not impact productivity expectations set at the beginning of the fiscal year.

(Authorized Contractor Staff: Print name, designation and sign)

Date

COUNTY USE ONLY

☐ Recommended☐ Not Recommended

Comments: _____

Program/Contract Analyst (Print and Sign)

Date _____

☐ **APPROVED**

☐ DENIED

Comments: _____

COR (Print and Sign)

Date _____