MEASURE N AND H - COLLEGE AND CAREER READINESS COMMISSION

1016 Union Street, #940 Oakland, CA 94607



Measures N and H – College & Career Readiness Commission

Louise Waters, Chairperson louise.bay.waters@gmail.com

David Kakishiba, Vice Chair kakishiba@gmail.com

Marc Tafolla, Secretary marctafolla@gmail.com

James. Harris, Member james@510media.com

Katy Nuñez-Adler, Member katynunez.adler@gmail.com

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Memo

To Measures N and H – College and Career Readiness Commission

From Vanessa Sifuentes, High School Network Superintendent

Board Meeting Date September 5, 2023

Subject Budget Modification Form

Services For: Skyline High School

Action Requested and Recommendation

Adoption by the Measures N and H Commission of a 2023-2024 Education Improvement Plan/Budget Modification for Skyline High School reducing from \$140,000.00 to \$0.00, Clerical Salaries – Pathway Case Manager and establishing Clerical Salaries – Work-Based Learning Liaison for \$140,000.00, as stated in the justification section of the New or Revised Strategic Action Section of the Budget Modification Form.

Background

(Why do we need these services? Why have you selected this vendor?) Skyline High School would like to modify their Measure N/H Educational Improvement Plan to decrease the approved strategic action, Clerical Salaries – Pathway Case Manager, by \$140,000.00, and use that money to establish a new strategic action, Clerical Salaries – Work Based Learning Liaison.

Competitively Bid Was this contract competitively bid? No

If no, exception: N/A

Fiscal Impact Funding resource(s): Measure N

Measure H

Attachments • Budget Modification Form



2023-24 Measures N & H Budget Modification Form OUSD Schools



Date: 8/18/23		Principal:	Rebecca Huang		
School Name:	Skyline High School	Site #:	306		
Pathway(s): (required for multiple use of programs)	Whole School Tab	Requested By:	Rebecca Huang	Wales &	

Step 1:

a. Add the Original Approved Strategic Action from the Measure N/H EIP:

Directions: Copy & paste the original strategic action below. The original strategic action is where you plan to take money from and use it for a new purpose.

Measure N/H	Budget	Original	Measure N/H Budget Original Strategic Action (proper & full justification)	Total
Plan &	Action -	Amount		Amount
Pathway	Line Item #	Approved		Transferred
Whole School Tab	64	\$151,494.71	Clerical Salaries: Hire a Pathway Case Manager, at 1.0 FTE. The Case Manager will provide case management to students who need additional support in completing all of the pathway requirements and transitioning successfully into post-secondary opportunities: including course completion, certificate completion, dual-enrollment, graduation, and the transition process beyond graduation. PCN 7019- Jordan Seiden (Salary and Benefit costs included)	\$140,000.00

b. What will be the impact on your Measure N/H plan, pathway development, and students for not doing your original strategic action? (*Do not insert links or use Acronyms)

No impact. This employee left and we already have plenty of Case Managers so we would like to hire a Work Based Learning Liaison instead, to increase our work based learning efforts across all four pathways by increasing mentorships, internships, job shadowing opportunities, and targeted efforts for our POC students.

c. Enter the Account String for the Original Approved Strategic Action:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	2490	2405	306	3060	1690	9999	99999
010	9339	0	3800	2490	2405	306	3060	1690	9999	99999

d.	Total	amount	being	transferred:	\$	140,000.00	
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☑ Please check this box if this is a NEW expenditure and it's not in the approved Measure N/H EIP.

Please check this	box if this is an	EXISTING	expenditure a	and you're onl	ly amending t	the approved
amount.						

☑ Please check this box if this request is to create a new position or change the FTE of an existing position. If so, please attach a Measure N/H Duty Statement form to the Budget Modification form.

Step 2.

a. Enter the New or Revised Strategic Action (Explicitly state the expenditure type and how it supports pathway development?):

This will become the new proper justification for this expenditure. *Only one justification is allowed. *You'll use this new or revised justification for all future applicable requests connected to this modification.

Measure N/H	Budget	Original	New or Revised Measure N/H Strategic Action Enter one to two sentences to create a Proper Justification using the questions below. No acronyms or hyperlinks. -What is the specific expenditure or service type? Please provide a brief description - (no vague language) and quantify when applicable. -How does the specific expenditure impact students in the pathway and support your 2023-24 pathway goals and strategic actions? -Please also answer the additional questions by Object Code linked in this document to provide a proper justification for your new or revised strategic action.	New or
Plan &	Action -	Amount		Amended
Pathway	Line Item #	Approved		Amount
Whole School Tab	N/A	N/A	Clerical Salaries: Hire a Work Based Learning Liaison, at 1.0 FTE. The Work Based Learning Liaison will be coordinating internships, work study programs, mentorships, college & career exploration and planning, and connecting all these aspects to each pathway. The Work-Based Learning Liaison will support priorities in our 2023-24 EIP including two specific Whole School Strategic Actions: Strategic Action 1 includes an increasing number of "internships, guest speakers, and career exploration visits." Strategic Action 5 includes: "Create a whole-school approach to postsecondary planning for all students. Decide on signature WBL activities and experiences for each pathway and grade level, which class or teacher manages those." Additionally, the Work-Based Learning Liaison will support all work-based learning Strategic Goals identified by our Pathways.	\$140,000.00

b. Enter the New or Revised Account String:

Fund	Resource	Year	Goal	Function	Object	Site	Manager	Program	LCAP	Optional
010	9333	0	3800	2490	2405	306	3060	1690	9999	99999
010	9339	0	3800	2490	2405	306	3060	1690	9999	99999

Rebecca Huang 8/15/23 8/15/23 Rebecca Huang Name: Date Date Name: Teacher Leader/Pathway Director **Principal Signature Required** Signature FOR MEASURE N/H STAFF USE ONLY Escape Budget Transfer or Journal Entry Link No Program Manager, Approval Signature: H.S. Network Superintendent, Approval Signature: Date:

Signature of Approvals: (Please insert the team member's name below the signature line)