



2025-2026 Perkins Reallocation Request

ASD, EPHS, GPSD, KCSD, PTSD, RRSB

All change requests for Perkins allocations MUST have this form completed and approved by your district's SOCTEC Rep, the Region 8 CTE Coordinator and the ODE Perkins Budget Approval Representative.

SUBMIT TO:

Southern Oregon CTE
101 N. Grape St.
Medford OR 97501

Phone: (541) 776-8590 ex
Email: pamela_ruddock@soesd.k12.or.us

Requests without
electronic signatures
will be returned!

TEACHER NAME:

DEPARTMENT:

TEACHER PHONE:

TEACHER EMAIL:

SCHOOL NAME:

SCHOOL ADDRESS:

DATE REQUESTED:

CTE Regional Coordinator Comments

List purchase or professional development requested for reallocation.

Please explain briefly but thoroughly the reason for requesting reallocation.

Description of "New" Professional Development

# of Sub Days	Sub Cost @ \$280	Reg. Fees	Total miles	@.70 per mile	Taxi, Car Rental, Parking	Baggage Fees, Misc.	Lodging	Meals	Total Cost
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Description of "New" Purchase Request

Quantity	Unit	Item #	Webpage or Description	Unit Price	Total Price
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Shipping Must be Included:

Total Reallocation amount must be the same or less the original allocation.

Please list crosswalk skillset that you will meet with the new allocation.

REQUESTED BY

(Electronic Signature of CTE Teacher Requesting Reallocation) **DATE:**

Not Approved

(Electronic Signature of SOCTEC District Representative) **DATE:**

Not Approved

(Electronic Signature of CTE Coordinator) **DATE:**

COMMENTS