

## ISEE Prior Year Correction/Revision & Payment Adjustment Request

Today's Date: \_\_\_\_\_

(Note: if correction made prior to October 1<sup>st</sup> of each year, adjusted payment adjustment will be made February 15<sup>th</sup>)

District/Charter Name and Number: \_\_\_\_\_

School Year Revision & Payment Requested For: \_\_\_\_\_ (Prior School Year(s))

Month(s) Corrected and Date(s) of Submission: \_\_\_\_\_

Regional Coordinator worked with: \_\_\_\_\_

Reporting Period Corrected:  First Reporting Period  Best 28 Weeks  Both

Type of Changes:  Staffing (First Reporting Period Only)

Attendance/Enrollment

Both

Description of problem:

Specific correction(s) made:

Copies of original payment documentation attached:  Yes

Copies of documentation showing corrections attached:  Yes

For Attendance these copies include: Foundation Program Worksheet, Current Year Support Unit Calculation Report, Building Level, Net Enrollment, Aggregate Attendance Detail, Best 28 Weeks, showing accepted and verified changes

*I certify that the changes made to the prior year data are accurate, and now accurately reflect what our units and or staffing changes should be:*

Business Manager Name & Signature: \_\_\_\_\_

Superintendent/Administrator Name & Signature: \_\_\_\_\_