

ISEE Prior Year Correction/Revision & Payment Adjustment Request

Today's Date: _____

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

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: _____