Personnel Data Correction Request

County Number: _____ County Name: _____

District Number: _____ District Name: _____

Correction(s) to be made to the following fiscal year personnel report: _____

Employee Name: _____

Teacher Number (certified) or Last 4 of SSN (support): _____

Reason for Request: ☐ Correction to FOD/Days ☐ Correction to salary/fringe*

*** All correction requests are tracked for accreditation purposes. Corrections to Superintendents or other administrative cost positions two years in a row will result in a deficiency.**

FOD: _____ **Days Employed:** _____ **Days Contracted:** _____

If resigned during the FY, please provide appropriate RFL code: _____

Please attach the following:

1) Contract or employee worksheet
2) Earnings report from local payroll system.
   (ADPC-Employee Encumbrance/Expediture Report MAS-Job Salary/Benefit Summary)
3) Letter from school official identifying the error and correction needed.
4) If request is submitted for a Superintendent with multiple job classes, provide copy of Accreditation Application reflecting additional assignments.

District Contact: _____

Email: _____

_____ _____

Superintendent Signature Date

_____

Printed Superintendent Name

Submit completed form and supporting documentation to SchoolPersonnel@sde.ok.gov