



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*

*** Correction to Superintendent earnings must include a letter of corrective action and may result in an Accreditation 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/Expenditure 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 Heather Young at heather.young@sde.ok.gov.