



REQUEST FOR ADJUSTMENT

115 S. Missouri Ave., Suite 501
Lakeland, FL 33815
Phone: (863) 733-9064
Fax: (863) 733-9081

Instructions:

1. Please use a separate form for each child that requires an adjustment.
2. Include a detailed explanation under Reason(s) for Adjustment.
3. Return to the Finance Department with all supporting documentation (e.g., sign-in/sign-out sheets, copy of attendance roster, copy of excused absence documentation, copy of certificate of referral, etc.)

Date Request Submitted _____

Name of Provider _____

Name of Person Making Request _____

Child's Name _____

Child's Date of Birth _____

Month(s) for adjustment _____

Reason(s) for adjustment _____

Total **Full-Time** days needing adjustment _____

Total **Part-Time** days needing adjustment _____

(Please attach supporting documentation)