

Fax Request Form to Change Program Dates on EFRT

This form is used by representatives of School Districts (including BOCES), SED-approved Education Providers and Municipalities who wish to change dates for their agency's programs.

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| To: STAC Unit | From: |
| Fax: (518) 402-5047 | Pages: |
| Re: Program Date Changes | Date: |

URGENT PLEASE SEND EMAIL CONFIRMATION UPON COMPLETION

| AGENCY REQUESTING PROGRAM DATE CHANGES | |
|--|-----------------|
| Agency Name | SED (BEDS) Code |

(ONLY DATE CHANGES FOR PROGRAMS ASSOCIATED WITH YOUR AGENCY'S SED CODE WILL BE PROCESSED)

| AGENCY TYPE | SCHOOL YEAR |
|---|--|
| <input type="checkbox"/> Public School District <input type="checkbox"/> County <input type="checkbox"/> BOCES Public Education Provider <input type="checkbox"/> SED-Approved Private Education Provider <input type="checkbox"/> Public Special Act School District | <input checked="" type="checkbox"/> Apply program date changes to the following school year: <div style="font-size: 24pt; font-weight: bold; text-align: center;">SY -</div> |

| PROGRAM CODE | EXISTING PROGRAM DATES ON EFRT | | | | REQUESTED PROGRAM DATES | | | | |
|--------------|--------------------------------|--|-----|--|-------------------------|--|-----|--|--|
| | BEGIN | | END | | BEGIN | | END | | |
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NOTES: More programs? Multiple forms may be submitted together in a single fax.
 Dates for SEIT and Incarcerated Youth programs default to full months and cannot be changed.
 Program codes can be found using the DQPRG screen in the EFRT Presentation Client.

| PERSON COMPLETING THIS FORM | | |
|---|--------------|------------------|
| My agency has authorized me to submit program dates and the dates I have provided above are accurate. | | |
| _____ | _____ | ___/___/___ |
| Signature | Title | Date |
| Print Name | Email | Telephone |
| () | - | - |

SED USE ONLY: *Processed by:* _____ *Initial:* _____ *Date:* ___/___/___