Willamette
EDUCATION SERVICE DISTRICT

Local Service Plan

2019-2020 Adjustment Request Form

Integrity • Innovation • Excellence • Partnerships

District: Contact Person: Phone Number:

Service to be adjusted: Increase ☐ Decrease ☐

Resolution ☐ Contracted ☐ Please provide description or details and reason for request:

_____ _____

Signature of Requesting District Superintendent Date

Please complete this section and send to:

April Felguth, Accounting Manager
april.felguth@wesd.org ◇ Phone 503.385.4694 ◇Fax 503.363.5787
Business Office, 2611 Pringle Rd SE, Salem, OR 97302

WESD USE ONLY FROM THIS SECTION DOWN

Approved ☐ Pending ☐ Denied ☐

_____ _____

Department Director Date

****

Local Service Plan Adjustment Complete Comments:

_____ _____

Accounting Manager Date

_____ _____

Superintendent or Designee Date