



Add, Modify or Terminate LSP Services

Area of Service: _____

1. Rationale: What is your proposal and how does it support WESD’s mission and core values?

Timeline for Implementation: _____

Revenue Sources:

2. Rate Sheet Development

Provide supporting documentation for the following:

- | | |
|---|---|
| <input type="checkbox"/> FTE | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Materials and Supplies |
| <input type="checkbox"/> Licensed | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Classified | <input type="checkbox"/> Fees |
| <input type="checkbox"/> Travel/Mileage | |

3. Budget Staff Prepare Rate

4. Approval

Director: _____

Business Services Director: _____

Superintendent’s Comments:

Superintendent: _____ Please check one: Approve Deny