|  |  |
| --- | --- |
| **School District:** |  |
| **Quarter (Month to Month, Year):** |  |
| **Date Request Submitted:** |  |

Instructions:*Reconsideration requests must be received by the Agency 14 calendar days (2 weeks) from the date the SDAC RMS Review Summary was sent. To complete this form, begin by filling out the district information in the table above. Then, paste information from the original SDAC RMS Review Summary into the tables below* ***and write a detailed explanation in your own words of why the discrepancy should be reconsidered****; if there is additional documentation to support the claim, please attach it to the email requesting the reconsideration. Save this form as a Word document and submit to the monitor and Program Administrator to start the reconsideration process; the Agency will use the same form to complete the reconsideration and results will be sent back as a PDF document, along with the finalized SDAC RMS Review Summary if changes were made during the Reconsideration.*

***Please note: All reconsiderations are considered final.***

| **Discrepancies Resulting in an Updated Code** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity Description** | Participant Name | Job Title | **District Code** | **Agency Updated**  **Code** | **District Reconsideration Request** | **Final Agency Determination** |
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| **Invalid RMS Forms** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Participant Name** | **Job Title** | **District Code** | **Reason Form was Voided** | **District Reconsideration Request** | **Final Agency Determination** |
|  |  |  |  |  |  |

[AGENCY-USE ONLY]

**Additional Comments:**