

**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 Social Security:

Month(s) for adjustment:

Reason(s) for adjustment:

*(Please attach supporting documentation*)