

PIMS DATA MAINTENANCE REQUEST - B

School Year:

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| PLEASE: <ul style="list-style-type: none"> DO NOT FAX A COVERSHEET DO NOT EMAIL <u>AND</u> FAX THE FORM | | SUBMIT NON-SPECIAL EDUCATION REQUESTS TO: <ul style="list-style-type: none"> EMAIL: RA-DDQDATA COLLECTION@PA.GOV FAX: 717.787.1787 | |
| SECTION 1 – LEA INFORMATION | | | |
| DATE OF REQUEST: | | PIMS SUPPORT SERVICES TICKET: | |
| REQUESTING ENTITY AUN: | | REQUESTING ENTITY NAME: | |
| CONTACT PERSON EMAIL: | | CONTACT PERSON TELEPHONE: | |
| CONTACT PERSON NAME: | | PIMS ADMINISTRATOR EMAIL: | |
| PIMS ADMINISTRATOR NAME: | | PIMS ADMINISTRATOR SIGNATURE: | |
| SECTION 2 – SELECT COLLECTION TEMPLATE(S) TO BE DELETED | | | |
| <ul style="list-style-type: none"> A NEW, SEPARATE PIMS SUPPORT SERVICES TICKET IS REQUIRED FOR EACH AUN AND NEW DATA MAINTENANCE REQUEST SEE PIMS DATA MAINTENANCE REQUEST - A FOR DATA SETS <u>NOT</u> LISTED ON THIS FORM: ATTACH SPREADSHEET WITH <u>ALL</u> REQUIRED INFORMATION FOR 1-10 RECORDS REQUESTS FOR 11 OR MORE RECORDS – PER PDE POLICY, THE ENTIRE TEMPLATE <u>WILL</u> BE DELETED | | | |
| AN ASTERISK (*) INDICATES REQUIRED INFORMATION THAT <u>MUST</u> BE INCLUDED IN AN ATTACHED SPREADSHEET | | | |
| <input type="checkbox"/> INTERSCHOLASTIC ATHLETIC OPPORTUNITIES | | <input type="checkbox"/> PATI | |
| <input type="checkbox"/> SURVEY PARTICIPANT RESPONSE | | <input type="checkbox"/> DISTRICT SNAPSHOT | |
| <input type="checkbox"/> DISTRICT FACT NOTE: ONLY ENTIRE TEMPLATE CAN BE DELETED. | <input type="checkbox"/> SUPPORT PERSONNEL <input type="checkbox"/> TITLE I <input type="checkbox"/> HOME EDUCATION & PRIVATE TUTORING <input type="checkbox"/> SAFE SCHOOLS <input type="checkbox"/> LEP | | |
| <input type="checkbox"/> SAFE SCHOOLS | <input type="checkbox"/> INCIDENT * AUN, LOCATION CODE, SCHOOL YEAR – OR * AUN, SCHOOL YEAR - OR * AUN, INCIDENT ID, SCHOOL YEAR | | |
| | <input type="checkbox"/> INCIDENT OFFENDER * AUN, LOCATION CODE, SCHOOL YEAR - OR * AUN, SCHOOL YEAR | | |
| | <input type="checkbox"/> INCIDENT OFFENDER DISCIPLINARY ACTION * AUN, SCHOOL YEAR | | |
| | <input type="checkbox"/> INCIDENT OFFENDER INFRACTION * AUN, SCHOOL YEAR | | |
| | <input type="checkbox"/> INCIDENT OFFENDER PARENT INVOLVED * AUN, SCHOOL YEAR | | |
| | <input type="checkbox"/> INCIDENT VICTIM * AUN, LOCATION CODE, SCHOOL YEAR – OR * AUN, SCHOOL YEAR | | |
| | <input type="checkbox"/> LOCATION FACT * CATEGORY 1 – TRUANCY, SUSPENSION, EXPULSION, INCIDENT | | |
| | <input type="checkbox"/> PERSON * AUN, SCHOOL YEAR – OR * AUN, PERSON ID, SCHOOL YEAR | | |
| <input type="checkbox"/> STAFF - SAFE SCHOOLS | <input type="checkbox"/> STAFF ASSIGNMENT (9998) * AUN, STAFF ID, ASSIGNMENT CODE | | |
| <input type="checkbox"/> STAFF SNAPSHOT - * DATE: | | | |
| SUBMIT REQUESTS FOR SPECIAL EDUCATION TO: 717.783.6139 | | | |
| STUDENT SNAPSHOT TEMPLATE REQUESTS <u>MUST</u> BE SUBMITTED ON THE PIMS DATA MAINTENANCE REQUEST – A FORM | | | |
| <input type="checkbox"/> SPECIAL EDUCATION SNAPSHOT *DATE: | | <input type="checkbox"/> ENTIRE TEMPLATE | |
| <input type="checkbox"/> STUDENT FACT - ACT 16 FUNDS: | | <input type="checkbox"/> ENTIRE TEMPLATE | |