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

Instructions:*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 Logan Harrison at* *Logan.Harrison@ahca.myflorida.com* *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.*

| **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:**