## PINELLAS COUNTY SCHOOLS REQUEST FOR FORM AUTHORIZATION

PLEASE TYPE		(Instructions f	or completion on reverse side)
1. REQUESTER'S NAME		2. COST CENTER NAME	3. COST CENTER NUMBER
4. TITLE OF THE FORM		5. DATE OF DISTRIBUTION	6. NUMBER OF ORIGINAL PAGES, EXCLUDING COPIES
7A. AUTHORIZATION		7B. DID YOU CONTACT MIS TO SEE IF THE INFORMATION BEING REQUESTED IS AVAILABLE AS AN ELECTRONIC REPORT?	
FEDERAL LAW OR REGULATION STATE LAW OR REGULATION PROGRAM OPERATION		SCHOOL BOARD POLICY  NAME OF PERSON CONTACTED	YES NO
8. The person(s) or group(s) who will fill out this form.	All Cost Center Loc Area Office C & I Division All Schools Elem. Curriculum Elementary Sec. Curriculum Secondary S Student Services Exceptional Workforce Education Community Center	Teachers  Schools Parents  Schools Family and Communate Relations  Student MIS	Finance and Business
9. HOW OFTEN IS THE FORM COMPLETED (CHECK ONLY ONE)	MONTHLY BI	EMI-ANNUALLY QUARTERLY -WEEKLY WEEKLY NE TIME OTHER	AS NEEDED DAILY
10A. THIS FORM IS CONSOLIDATED	NEW EX	KISTING REVISED	
	nteractive* (can be completed online and posterior viewing only (original printed form must		PCS #
11. AUTHORIZED SIGNATURE (ASSISTANT SUPERINTENDENT OR DESIGNEE)		12. DATE SUBMITTED FOR AUTHORIZATION	13. RETENTION CODE
	OR FORMS MANAGEM	ENT OFFICE USE ONLY	
14. DATE RECEIVED		15. DATE APPROVED/REVIEWED	16. FORM NUMBER
17. SIGNATURE			<u> </u>

White and Yellow – Forms Management Office

\*Filled out electronically on-line on Central Printing Services Intranet Web site (www.pcsb.org/Page/827)

To complete the **Request for Form Authorization** please follow the directions below.

After completion submit both white and yellow copies to Central Printing Services. After review, a Notice of Form Authorization (PCS 3-101) will be sent to you with the yellow copy of this form.

- Item 1 Record the name of the person initiating the request.
- Item 2 Record the full cost center name.
- Item 3 Record the cost center number of Item 2.
- Item 4 Record the title of the form being submitted.
- Item 5 Record the date on which you expect to distribute this form.
- Item 6 Record the number of **original** pages, excluding copies, of the form submitted.
- Item 7A. Indicate with an "X" in the appropriate box the authority that requires the use of the form submitted.
- Item 7B. Record the person's name that you spoke to regarding the availability of an electronic report.
- Item 8 Indicate with an "X" in the appropriate box the person(s) or group(s) of persons for whom the form is intended.
- Item 9 Indicate with an "X" in the appropriate box the frequency with which the form is used.
- Item 10A. Indicate with an "X" in the appropriate box the current status of the form.
- Item 10B. Indicate with an "X" in the appropriate box whether form should be interactive (see explanation).
- Items 11-12 Only the assistant superintendent or his designee may sign and date the request.
- Item 13 Indicate the proper category for the retention of this form.
  - Category A Permanent Student Information Retained indefinitely
  - Category B Temporary Student Information Destroyed by Central Record Office only
  - Category C Temporary Information Retained at Building Administrator's discretion
  - Category O Permanent Employee Information Retained indefinitely
  - Category T Temporary Form One time use only Expires on the date indicated
  - Category X Temporary Employee Information Retained for three years from the date the information is collected
  - Category Y Temporary Operational Information Retained per regulations
  - Category Z Permanent Operational Information Retained indefinitely

NOTE: Before destroying any forms, contact Central Records Office for proper procedure.

Items 14-17 - The Forms Management Office will complete these sections.