

**PINELLAS COUNTY SCHOOLS
REQUEST FOR FORM AUTHORIZATION**

PLEASE TYPE

(Instructions for 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 <input type="checkbox"/> FEDERAL LAW OR REGULATION <input type="checkbox"/> STATE LAW OR REGULATION <input type="checkbox"/> PROGRAM OPERATION	7B. DID YOU CONTACT MIS TO SEE IF THE INFORMATION BEING REQUESTED IS AVAILABLE AS AN ELECTRONIC REPORT? <input type="checkbox"/> SCHOOL BOARD POLICY <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF PERSON CONTACTED _____	
8. The person(s) or group(s) who will fill out this form.	<input type="checkbox"/> All Cost Center Loc. <input type="checkbox"/> Area Office <input type="checkbox"/> Students <input type="checkbox"/> Finance and Business Services <input type="checkbox"/> C & I Division <input type="checkbox"/> All Schools <input type="checkbox"/> Teachers <input type="checkbox"/> Institutional Services <input type="checkbox"/> Elem. Curriculum <input type="checkbox"/> Elementary Schools <input type="checkbox"/> Parents <input type="checkbox"/> Human Resources <input type="checkbox"/> Sec. Curriculum <input type="checkbox"/> Secondary Schools <input type="checkbox"/> Family and Community Relations <input type="checkbox"/> Facilities Planning and Construction <input type="checkbox"/> Student Services <input type="checkbox"/> Exceptional Student <input type="checkbox"/> MIS <input type="checkbox"/> Food Service <input type="checkbox"/> Workforce Education <input type="checkbox"/> Community Schools Centers <input type="checkbox"/> Other _____	
9. HOW OFTEN IS THE FORM COMPLETED (CHECK ONLY ONE)	<input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> AS NEEDED <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> DAILY <input type="checkbox"/> ONE TIME <input type="checkbox"/> OTHER _____	

10A. THIS FORM IS CONSOLIDATED	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> REVISED
--------------------------------	------------------------------	-----------------------------------	----------------------------------

INTERNET OPTIONS

PCS # _____

10B. This form is interactive* (can be completed online and printed).
 This form is for viewing only (original printed form must be completed in hard copy format).

11. AUTHORIZED SIGNATURE (ASSISTANT SUPERINTENDENT OR DESIGNEE)	12. DATE SUBMITTED FOR AUTHORIZATION	13. RETENTION CODE
--	--------------------------------------	--------------------

OR FORMS MANAGEMENT OFFICE USE ONLY

14. DATE RECEIVED	15. DATE APPROVED/REVIEWED	16. FORM NUMBER
17. SIGNATURE		

* 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.