

PIMS DATA MAINTENANCE REQUEST - B

School Year:

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 WILL 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 PARENT INVOLVED * AUN, SCHOOL YEAR	
	<input type="checkbox"/> INCIDENT OFFENDER * AUN, LOCATION CODE, SCHOOL YEAR - OR * AUN, SCHOOL YEAR	<input type="checkbox"/> INCIDENT VICTIM * AUN, LOCATION CODE, SCHOOL YEAR – OR * AUN, SCHOOL YEAR	
	<input type="checkbox"/> INCIDENT OFFENDER DISCIPLINARY ACTION * AUN, SCHOOL YEAR	<input type="checkbox"/> LOCATION FACT * CATEGORY 1 – TRUANCY, SUSPENSION, EXPULSION, INCIDENT	
	<input type="checkbox"/> INCIDENT OFFENDER INFRACTION * AUN, SCHOOL YEAR	<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	