



Willamette
EDUCATION SERVICE DISTRICT

Local Service Plan 2016-2017 Adjustment Request Form

Integrity ♦ Innovation ♦ Excellence ♦ Partnerships

District: _____ Contact Person: _____ Phone Number: _____
Service to be adjusted: _____ Increase _____ Decrease _____
Resolution Contracted Please provide description or details and reason for request: _____

Signature of Requesting District Superintendent

Date

Please complete this section and send to:

April Felguth, Accounting Manager
april.felguth@wesd.org ♦ Phone 503.385.4694 ♦ Fax 503.363.5787
Business Office, 2611 Pringle Rd SE, Salem, OR 97302

WESD USE ONLY FROM THIS SECTION DOWN

Approved

Pending

Denied

Department Director

Date

Local Service Plan Adjustment Complete

Comments: _____

Accounting Manager

Date

Superintendent or Designee

Date