**Location Change Process**

Completed change request forms should be sent to the program’s liaison for initial review. Program Operations & Compliance (POC) will review all change requests and either (a) Approve the request(s) and notify the Program directly, or (b) Escalate the change request to Fiscal Services (FS) for review. Programs should retain copies of approved forms for their records.

*Please Note: Changes that have a direct bearing on use of state or federal funds will be referred to Fiscal Services for grant tracking purposes.*

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| --- | --- | --- |
| **Program Name:** Choose an item. | | **Date of Request:** Click or tap to enter a date. |
| **Type of Change:**  Adding Location  Closing Location  Moving to New Location  Temporary relocation? | | |
| **Based on type of change, provide the following as applicable:** | | |
| **Current Address** | **Proposed Address** | |
| **Class Type(s):**  ABE/ASE  ELAA/IELCE  IET  IELCE+T (Sect. 243) | | |
| **Reason for Change:** | | |
| **Proposed Change Implementation Date:** Click or tap to enter a date. | | |

|  |  |  |
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| **ADE/AES Use Only** |  | |
| Referred to Fiscal Services  Approve  Deny Reason for Denial: | | |
| ADE Staff Reviewer Initials: | Date of Initial Review: | Date of Program Notification: Click or tap to enter a date. |