



## ARIZONA DEPARTMENT OF EDUCATION

### AzEDS Calendar Access Request Form FY 2019

All requests for calendar revisions after September 1 should be emailed to the [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov) by an authorized person such as an Entity Administrator, Business Manager or Superintendent. Once received, the team will review your request and will open a window for you to submit changes to the AzEDS Calendar application via your Student Information System (SIS).

District or Charter District Name:

District Entity ID

#### Choose Option A or B to Revise Track(s):

**Option A:** Requesting access to revise ALL calendar tracks with the SAME date change.

This option will allow your SIS to submit a date descriptor change for ALL tracks within your district.

Date to change for all tracks:      Reason for change:

**Option B:** Requesting access to revise INDIVIDUAL calendar tracks.

This option will allow your SIS to submit a date descriptor change for specified tracks within your district.

Site Entity ID      Track ID      Brief explanation of change: *(choose from list or type your reason)*

Authorized Person

Date

Job Title

Phone Number

By checking this box, we verify that this calendar meets the minimum instructional time requirements as defined in A.R.S. § 15-901.

E-MAIL FORM\*

RESET FORM

PRINT FORM

\*You may use Outlook or web based email. Otherwise, you will need to print, scan and save as an attachment to email to [SFAlystTeam@azed.gov](mailto:SFAlystTeam@azed.gov).