



for Exception Submission Process

Federal Fiscal Compliance and Reporting Division February 2023



Voluntary Departure or Departure for Just Cause of Special Education or Related Services Personnel

Good documentation includes:

- Complete all fields in the exception's workbook
- Payroll Journal for all employees listed that displays: the name of the LEA, Fiscal Year, Employee Name, Fund Code - 199, 420, or 437 and Program Intent Code (PIC) – 23, 33, or 43
- Resignation letter or documentation for all departing employees from Human Resources showing the date and reason the employee left the district. (Not included in presentation due to privacy purposes.)

Employee Name - Departure	Reason for Departure (choose from drop- down menu)	Employment END DATE (MM/DD/YYYY)	(1	2019-2020 State and Local Salary and Benefits \$\$ Fund 199, 420, 437; PIC 23, 33)	Employee Name - Replacement (if applicable)	Employment BEGIN DATE (MM/DD/YYYY)		2020-2021 State and Local Salary and Benefits \$\$ nd 199, 420, 437; PIC 23, 33)
Employee #1	Resignation	2/4/2020	\$	32,871.08	Employee Not Replaced			
Employee #2	Resignation	5/26/2020	\$	42,776.06	Employee #4	8/1/2020	\$	34,309.26
imployee #3	< <select one="">></select>	5/26/2020	\$	66,647.51	Employee #5	8/1/2020	\$	25,068.50
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	< <select one="">></select>			1				
	< <select one="">></select>							
	De	eparture SubTotal	\$	142,294.65	Repl	acement SubTotal	\$	59,377.76
						Total	c	82,916.89

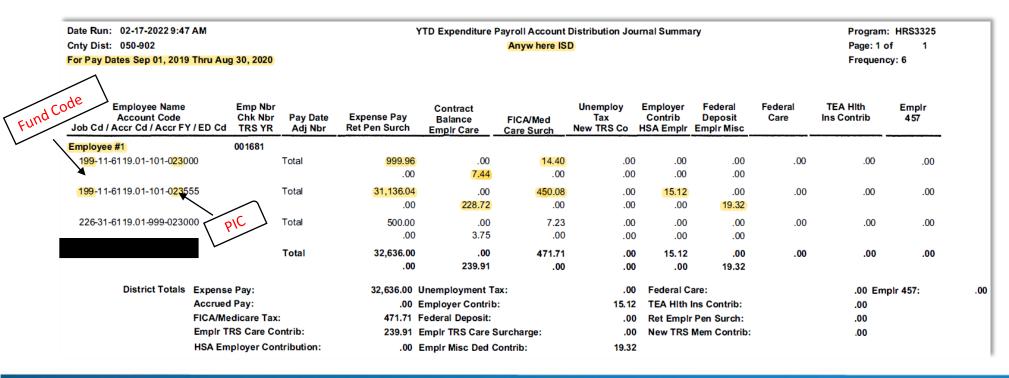


Voluntary Departure of Personnel

Employee Payroll Documentation includes:

- Employee Name
- Name of LEA
- Pay Dates
- Fund Code and PIC number
- Salary amount that matches the amount in the Exceptions Workbook

*Don't forget to include a resignation letter or other HR documentation to show the employee left the LEA voluntarily or was terminated for just cause.



Employee #1
999.96
7.44
14.40
31,136.04
228.72
450.08
15.12
19.32
32,871.08



Voluntary Departure of Personnel

Date Run: 02-17-2022 9:48 AM YTD Expenditure Payroll Account Distribution Journal Summary Program: HRS3325
Cnty Dist: 050-902 Anyw here ISD Page: 1 of 1
For Pay Dates Sep 01, 2019 Thru Aug 30, 2020

Employer **TEA HIth Employee Name** Unemploy Federal Federal Emplr Contract Chk Nbr Ins Contrib 457 **Account Code** Pay Date Expense Pay Balance FICA/Med Tax Contrib Deposit Care Job Cd / Accr Cd / Accr FY / ED Cd TRS YR Adj Nbr Ret Pen Surch New TRS Co HSA Emplr Emplr Misc Emplr Care Care Surch Employee #2 001819 199-11-6119.01-001-023555 Total 3,639.60 .00 52.10 .00 455.16 .00 .00 .00 .00 .00 27.24 .00 .00 .00 1.92 199-11-6119.01-041-023555 Total 16,376.88 .00 234.27 .00 2,047.92 .00 .00 .00 .00 122.88 .00 .00 .00 8.64 .00 199-11-6119.01-103-023000 Total 499.92 .00 7.20 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 3.72 199-11-6119.01-103-023555 16,877.60 .00 241.33 2,048.04 .00 Total .00 122.88 .00 .00 .00 .00 8.76 Employee #2 Total 37,394.00 .00 534.90 .00 4,551.12 .00 .00 .00 276.72 .00 19.32 .00 District Totals Expense Pay: 37,394.00 Unemployment Tax: .00 Emplr 457: .00 Federal Care: Accrued Pay: .00 Employer Contrib: 4,551.12 TEA HIth Ins Contrib: FICA/Medicare Tax: 534.90 Federal Deposit: .00 Ret Emplr Pen Surch: .00 Emplr TRS Care Contrib: 276.72 Emplr TRS Care Surcharge: .00 New TRS Mem Contrib: .00 .00 Emplr Misc Ded Contrib: 19.32 **HSA Employer Contribution:**

Employee #2
37,394.00
276.72
534.90
4,551.12
19.32
42,776.06

 Date Run:
 02-17-2022 10:00 AM
 YTD Expenditure Payroll Account Distribution Journal Summary
 Program: HRS3325

 Cnty Dist:
 050-902
 Anywhere ISD
 Page: 1 of 1
 1

 For Pay Dates
 Sep 01, 2019 Thru Aug 30, 2020
 Frequency: 6
 Frequency: 6

Employee Name Account Code Job Cd / Accr Cd / Accr FY		mp Nbr Chk Nbr TRS YR	Pay Date Adj Nbr	Expense Pay Ret Pen Surch	Contract Balance Empir Care	FICA/Med Care Surch	Unemploy Tax New TRS Co	Employer Contrib HSA Emplr	Federal Deposit Emplr Misc	Federal Care	TEA Hith Ins Contrib	Emplr 457
Employee #3	00	01662										
199-11-6119.01-103-02300	00		Total	60,840.00	.00	784.55	.00	4,551.12	.00	.00	.00	.00
				.00	452.52	.00	.00	.00	19.32			
Employee #3			Total	60,840.00	.00	784.55	.00	4,551.12	.00	.00	.00	.00
				.00	452.52	.00	.00	.00	19.32			
District Totals	Expense Pa	ay:		60,840.00	Unemployment T	ax:	.00	Federal C	are:		.00 Em	plr 457:
	Accrued Pa	ay:		.00	Employer Contrib):	4,551.12	TEA Hith I	Ins Contrib:		.00	
	FICA/Media	care Tax:		784.55	Federal Deposit:		.00	Ret Emplr	Pen Surch:		.00	
	Emplr TRS	Care Co	ntrib:	452.52	Emplr TRS Care	Surcharge:	.00	New TRS	Mem Contrib:		.00	
	HSA Emplo	oyer Con	tribution:	.00	Emplr Misc Ded (Contrib:	19.32					



Voluntary Departure of Personnel

Date Run: 02-17-2022 9:49 AM YTD Expenditure Payroll Account Distribution Journal Summary Program: HRS3325
Cnty Dist: 050-902 Anyw here ISD Page: 1 of 1

For Pay Dates Sep 01, 2020 Thru Aug 30, 2021

Page: 1 of 1 Frequency: 6

Employee Name Account Code Job Cd / Accr Cd / Accr FY / ED	Emp Nbr Chk Nbr Cd TRS YR	Pay Date Adj Nbr	Expense Pay Ret Pen Surch	Contract Balance Emplr Care	FICA/Med Care Surch	Unemploy Tax New TRS Co	Employer Contrib HSA Emplr	Federal Deposit Emplr Misc	Federal Care	TEA Hith Ins Contrib	Emplr 457	
Employee #4	001819											
199-11-6119.01-103-1 <mark>23</mark> 000		Total	999.92	.00	14.19	.00	.00	.00	.00	.00	.00	
			.00	3.72	.00	.00	.00	.00				
199-11-6119.01-103-1 <mark>23</mark> 555		Total	28,019.08	.00	396.87	.00	4,647.12	.00	.00	.00	.00	
			.00	209.04	.00	.00	.00	19.32				
Employee #4		Total	29,019.00	.00	411.06	.00	4,647.12	.00	.00	.00	.00	
			.00	212.76	.00	.00	.00	19.32				
District Totals Expe	ense Pay:		29,019.00	Unemployment Ta	ax:	.00	Federal C	are:		.00 Em	plr 457:	
Acci	ued Pay:		.00	Employer Contrib	:	4,647.12	TEA Hith	Ins Contrib:		.00		
FICA	/Medicare Tax:	:	411.06	Federal Deposit:		.00	Ret Empli	Pen Surch:		.00		
Emp	Ir TRS Care Co	ntrib:	212.76	Emplr TRS Care S	Surcharge:	.00	New TRS	Mem Contrib:		.00		
HSA	Employer Con	tribution:	.00	Emplr Misc Ded C	ontrib:	19.32						

Employee #4
29,019.00
411.06
212.76
4,647.12
19.32
34,309.26

Date Run: 02-17-2022 9:50 AM	YTD Expenditure Payroll Account Distribution Journal Summary	Program: HRS	3325
Cnty Dist: 050-902	Anyw here ISD	Page: 1 of	1
For Pay Dates Sep 01, 2020 Thru Aug 30, 2021		Frequency: 6	

Employee Name Account Code Job Cd / Accr Cd / Accr FY / ED	Emp Nbr Chk Nbr Cd TRS YR	Pay Date Adj Nbr	Expense Pay Ret Pen Surch	Contract Balance Emplr Care	FICA/Med Care Surch	Unemploy Tax New TRS Co	Employer Contrib HSA Emplr	Federal Deposit Emplr Misc	Federal Care	TEA HIth Ins Contrib	Emplr 457	
Employee #5	001905											
199-11-6119.01-103-1 <mark>23</mark> 000		Total	22,345.00	.00	319.79	.00	1,161.78	.00	.00	.00	.00	
			.00	163.85	.00	1,073.25	.00	4.83				
Employee #5		Total	22,345.00	.00	319.79	.00	1,161.78	.00	.00	.00	.00	
			.00	163.85	.00	1,073.25	.00	4.83				
District Totals Expe	nse Pay:		22,345.00	Unemployment Ta	ax:	.00	Federal C	are:		.00 Em	plr 457:	
Acci	ued Pay:		.00	Employer Contrib	:	1,161.78	TEA Hith	Ins Contrib:		.00		
FICA	/Medicare Tax	:	319.79	Federal Deposit:		.00	Ret Empl	Pen Surch:		.00		
Emp	Ir TRS Care Co	ontrib:	163.85	Emplr TRS Care S	Surcharge:	.00	New TRS	Mem Contrib:		1,073.25		
HSA	Employer Cor	tribution:	.00	Emplr Misc Ded C	Contrib:	4.83						

Employee #5
22,345.00
163.85
319.79
1,073.25
1,161.78
4.83
25,068.50



Good documentation includes:

- Complete all fields in the Exceptions Workbook including a detailed description of the expenditures that were reduced due to the decrease in enrollment
- Documentation to show the previous year enrollment and the current year enrollment at a decrease
- Documentation of the that shows the decrease in expenditures that were paid from Fund 199, 420, or 437 and PIC 23, 33, or 43
- Documentation submitted should clearly match the expenditures requested in the Exception's Workbook

34 CFR 300.204(b) - Decrease in the Enrollment of Children with Disabilities

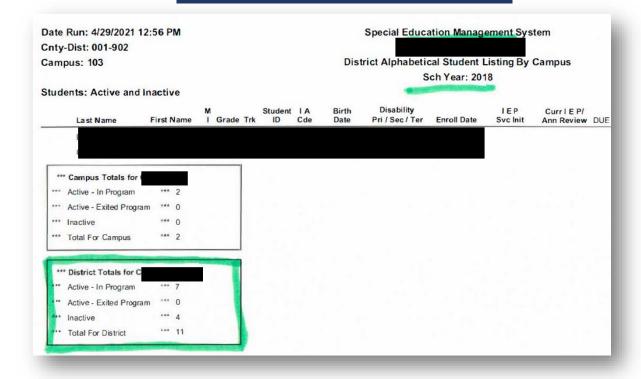
The decrease in enrollment of children with disabilities must have occurred from the 2018-2019 to 2019-2020 school year. The LEA must provide a description of the expenditures reduced that the LEA wishes to claim based on a decrease in enrollment of children with disabilities and provide supporting documentation. Examples of expenditures reduced due to a decrease in enrollment of children with disabilities may include, but are not limited to, special education staff reassignment to general education; special education teacher or administrator layoff; and/or closure of a self-contained classroom/unit (combining/merger with another).

Supporting Documentation Requirement: LEA must submit supporting documentation for validation purposes which may include general ledger, year-to-date payroll journal/report, etc., or any other support documents that justify the amount attributed to decrease in enrollment.

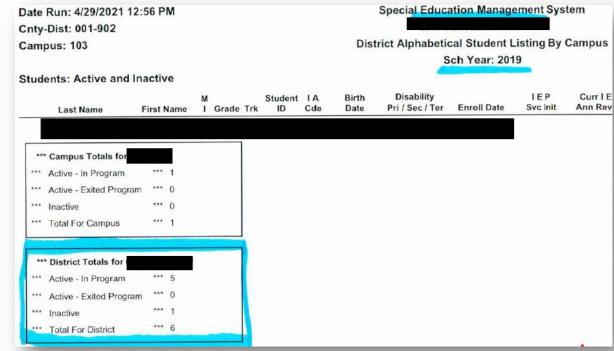
Description of Reduction in Special Education Expenditures Attributable to a Decrease in the Enrollment of (Children with 2018-2019 Expenditures
Disabilities	(Fund 199, 420, 437; PIC 23, 33)
During the 2018-2019 school year Anywhere ISD had 9 students in the Life Skills class.	
	\$ 15,659.00
In 2019-2020 the number of students in Life Skills declined from nine to five, the teacher was re-assigned to fewer	er Special
Education classes during the 2019-2020 school year and more General Education classes.	
The teacher salary coded to PIC 23 was \$33,325 in 18-19 and \$17,666 in 19-20. Anwhere ISD is asking for the diffe	erence of
\$15,659.	



Previous Year Enrollment

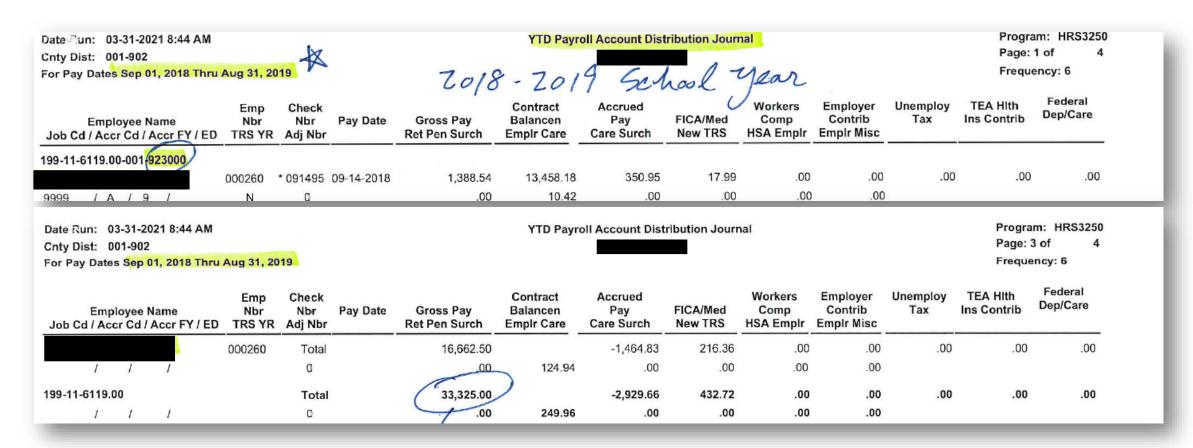


Current Year Enrollment





Previous Year Salary Coded to Fund Code 199 and PIC 23



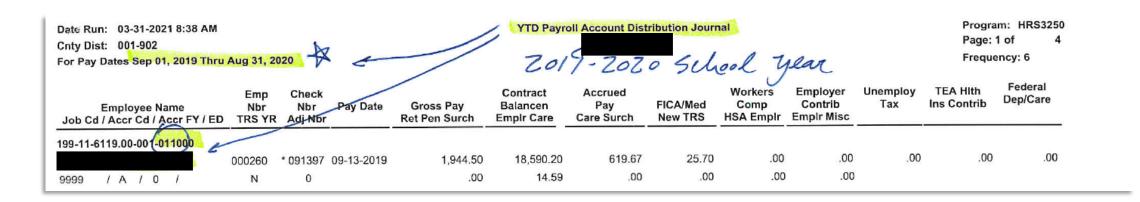


Current Year Salary Coded to Fund Code 199 and PIC 23

Date Run: 03-31-2021 8:38 AM Cnty Dist: 001-902 For Pay Dates <mark>Sep 01, 2019 Thru</mark>	Aug 31, 20)20			YTD Payr	oll Account Dis	tribution Jou	rnal			Pag	gram: HRS3 je: 2 of quency: 6
Employee Name Job Cd / Accr Cd / Accr FY / ED	Emp Nbr TRS YR	Check Nbr Adj Nbr	Pay Date	Gross Pay Ret Pen Surch	Contract Balancen Emplr Care	Accrued Pay Care Surch	FICA/Med New TRS	Workers Comp HSA Empl	Employer Contrib Emplr Misc	Unemplo Tax	y TEA Hith Ins Contri	Dankan
199-11-6119.00-04(-023000)	000260 N	* 091397 0	09-13-2019	1,472.17 .00	14,074.62 11.04		19.46		00. 00			00 .
Date Run: 03-31-2021 8:38 AM Cnty Dist: 001-902 For Pay Dates <mark>Sep 01, 2019 Thru</mark>	Aug 31, 20	020			YTD Payro	II Account Distr	ibution Journa	al			Program Page: 3 Frequen	
Employee Name	Emp Nbr TRS YR	Check Nbr Adj Nbr	Pay Date	Gross Pay Ret Pen Surch	Contract Balancen Empir Care	Accrued Pay Care Surch	FICA/Med New TRS	Workers Comp HSA Emplr	Employer L Contrib Emplr Misc	Inemploy Tax	TEA Hith Ins Contrib	Federal Dep/Care
	000260	Total 0		17,666.03	132.48	-1,650.13 .00	233.95	.00	.00	.00	.00	.00



Documentation to prove employee was partially moved to General Education PIC 11 in the current year





Termination of Obligation for Exceptionally Costly Program to a Particular Student

Good documentation includes:

- Complete all necessary fields in the Exception Workbook: Student Name, DOB, Student ID number, reason for termination of obligation, expenditures
- Documentation that corresponds to the reason for termination for obligation (withdrawal form, evidence of graduation, etc.), which includes student ID and/or DOB
- Documentation to support the requested expenditure/service amount that shows the expenditures were paid from Fund 199, 420, 437 and PIC 23, 33, 43 in the applicable year. Be sure to deduct the appropriate State Per Pupil Amount (SPPE) from the total expenditure amount requested
- IEP documentation to support services needed in the previous year

34 CFR 300.204(c) - Termination of Obligation for Exceptionally Costly Program to a Particular Student

Termination of an exceptionally costly obligation to a particular child with a disability because the child has left the jurisdiction; has reached the age at which the obligation to provide a free appropriate public education (FAPE) to the child is terminated; or no longer needs the program of special education. For the student's cost to qualify as an exceptionally costly program, the aggregate cost of expenditures the LEA may claim are those greater than \$10,830 (2019-2020 school year). Examples of costs to document are state and local fund expenditures in excess of \$10,830 (2019-2020 school year) which may include, but are not limited to, one-on-one paraprofessional or attendant care aide; specialized transportation; private or public placement (by the IEP team) tuition; educational interpreter; and/or hearing impaired or visually impaired teacher.

Supporting Documentation Requirement: LEA must submit supporting documentation for validation purposes which may include general ledger, payroll report, etc., or any other document supporting the amount attributed to termination of an exceptionally costly program to a particular student.

Student Name (First, Middle, Last Name)	Date of Birth (MM/DD/YYYY)	Student Identification Number	Reason for Termination of Obligation (choose from drop-down menu)	2019-2020 State and Local Expenditures for this Student in excess of \$10,830 (Fund 199, 420, 437; PIC 23, 33)
Jane Doe	1/1/2010	123456	Left LEA	\$ 39,135.53
			< <select one="">></select>	
			< <select one="">></select>	

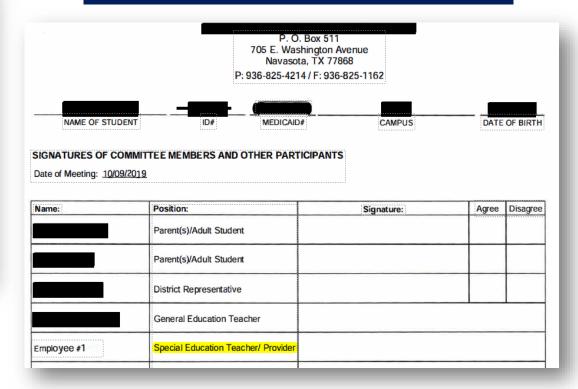


Termination of Obligation for Exceptionally Costly Program to a Particular Student

Student Withdrawal Documentation

	Texas Education Agency Student Withdrawal / Record Transfer Form Sch Year: 2021 - Confidential	
Anywhere ISD District Name	Student Name Student Name Gen	SSN
Anywhere Elementary	DOB Male	SSN
School Campus Name Cnty-Dist-Camp Num: 123-456-101 Campus Phone Num: (936) 394-2361 Campus Fax Num: (936) 394-2051	Date of Birth Gender Hispanic: White: Yes Black: Asian: American Indian/ Alaskan Native: Hawaiian/Pacific Islander: Home Language: English	Prior SSN 751988 Local ID Student ID Number Texas Unique Student ID
Original Entry Date: 08/18/2020 Last Withdraw Last Entry Date: 08/18/2020 Withdrawal Reason: Home Schooling Current Grd Lvl: 02 Placed in Grade: Pro	Grade of Reten-tion (PK-4): Suspension / Removal: Out of School / Suspension Expulsion:	Emergency / Removal:

ARD documentation (IEP) to show the teacher was assigned to the student





Termination of Obligation for Exceptionally Costly Program to a Particular Student

Employee #1 Previous Year Salary coded to PIC 23

Date Run: 04-01-2022 9:56 Cnty Dist: 093-903 For Pay Dates Sep 01, 2019		31, 2020			YTD Payroll	Account Distrit		ummary			Program Page: 1 Frequen	and the
Employee Name Account Code Job Cd / Accr Cd / Accr FY	i	Emp Nbr Chk Nbr TRS YR	Pay Date Adj Nbr	Gross Pay Ret Pen Surch	Accrued Pay Emplr Care	FICA/Med Care Surch	Workers Comp New TRS Co	Employer Contrib HSA Emplr	Unemploy Tax Empir Misc	TEA Hith	Federal Dep/Care	Empir 457
Emptoyee #1		000164										
199-11-6119.00-001-02300			Total	49,965.53	.00	724.45	.00	16.44	.00	.00	.00	.00
			''	.00	374.76	.00	.00	.00	.00	''		1
Emptoyee #1			Total	49,965.53		724.45	.00	16.44	.00	.00	.00	.00
		•	·································	.00	374.76	.00	.00	.00	.00	'	''	''
District Totals	Gross Pa	y:		49,965.53	Workers' Comp Ta	ix:	.00	TEA Hith I	ns Contrib:		.00 Em	pir 457:
***************************************	Accrued	Pay:		.00	Employer Contrib:		16.44	Federal D	eposit/Care:		.00	
	FICA/Med	dicare Tax:		724.45	Unemployment Ta	x:	.00	Ret Empir	Pen Surch:		.00	
	Empir TR	S Care Co	ntrib:	374.76	Empir TRS Care S	urcharge:	.00	New TRS	Mem Contrib:		.00	
	HSA Emp	oloyer Con	tribution:	.00	Emplr Misc Ded Co	ontrib:	.00					

\$49,965.53 employee salary - \$10,830 State Per Pupil Expenditure = **\$39,135.53 Requested Amount**



Termination of Costly Expenditures for Long-Term Purchases

Good documentation includes:

- Workbook must include description, date of purchase, and cost
- Supporting documents that show the expenditures were paid from Fund 199, 420, 437 and PIC 23, 33, 43
- Documentation must show class object code 66xx
- Must be a capital outlay expenditure of at least \$5000

34 CFR 300.204(d) - Termination of Costly Expenditures for Long-term Purchases

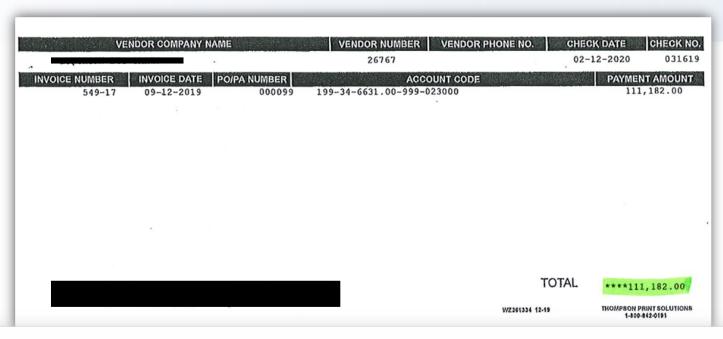
Only expenditures in class-object code 66xx are eligible. The LEA must have a capital outlay expenditure, such as the acquisition of equipment or construction of school facilities. Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost which equals or exceeds \$5,000 or the LEA's established capitalization level, whichever is less. Capital expenditures, or capital outlay, means expenditures for the acquisition of capital assets, such as equipment, or expenditures to make improvements to capital assets that materially increase their value or useful life.

Supporting Documentation Requirement: LEA must submit supporting documentation for validation purposes which may include general ledger, invoice, etc., or any other support documents that justify the amount attributed to termination of costly long-term purchase.

Description of Long-Term Purchase	Date of Purchase (MM/DD/YYYY)	2019-2020 Expenditures (Fund 199, 420, 437; PIC 23, 33)
HANDICAP ACCESIBLE BUS	2/12/2020	\$ 111,182.00



Termination of Costly Expenditures for Long-Term Purchases



Date Run: 03-24-2022 3:11 PM

Cnty Dist: 062-904

Processed V Current (08) V Next (08) V

Detail Transactions for Expenditure Accounts

ANYWHERE ISD

XXX 34 6631 XX XXX X 23 X XX

Page: 1 of 1 File ID: 0

Туре	Number	Date	Per	Reason/Description	Est Revenuel Appropriat ion	Encumbrance	RIzd Revenue/ Expenditure	Balance
199 3	34 6631 00	999 0 23	0 00	VEHICLES				
		** Beginning			0.00	0.00	0.00	0.00
GJ	999999	09-01-2019	09 (OPENING ENTRY	-115,000.00		0.00	
GJ	000144	10-03-2019	09 I	REQ 000144 10/03/2019 SUBMIT		111,182.00		
GJ	000144	10-04-2019	09 F	REQ 000144 10/04/2019 REVERSE		-111,182.00		
EN	000099	10-04-2019	09			111,182.00		
CK	031619	02-12-2020	02			-111,182.00	111,182.00	
-		** Ending			-115,000.00	0.00	111,182.00	-3,818.00



Assumption by High-Cost Grant

Submit the following supporting documentation:

- Expenditures paid from Fund Code 199/420/437 and PIC 23/33/43 in the previous year
- Expenditures paid from Fund Code 226 and PIC 23/33/43 in the current year (assumed by the High-Cost Grant)

34 CFR 300.204(e) - Assumption by High Cost Grant

This exception applies to expenditures for a particular student which were previously paid out of state and/or local funds (Fund codes 199, 420, 437) and which were assumed in the following year by the High Cost Grant (Fund 226).

Supporting Documentation Requirement: LEA must submit supporting documentation for validation purposes which may include general ledger, year-to-date payroll journal/report, etc., or any other support documents that justify the amount attributed to assumption by High Cost Grant.

Description of State and Local Expenditures Assumed by High Cost Grant in 2020-2021	2019-2020 Expenditures (Fund 199, 420, 437; PIC 23, 33)
Costs associated with a student at a Residential Facility recoded from 199 to 226	\$ 13,255.00



Assumption by High Cost Grant

Anywhere ISD received a High Cost Fund Award in the amount of \$13,225.

Previous Year Expenditures paid from Fund Code 199 and PIC 23. Date Run: 05-03-2022 10:12 AM

Date Run: 05-03-2022 10:54 AM

Cnty Dist: 045-902

From To

	Cnty Dist: 045-902 Processed ☑ Current (08) ☑ Next (Next	(08) 🔽	ANYWHER 199 11 6299 01 X		Page: 1 of 1 File ID: 1						
		Ad	cou	nt Nı	umbe	er				Description	Est Revenue/ Appropriation	Encumbrance	Rizd Revenue/ Expenditure	Balance
199	11	6299	01	99	9 0	23	0	00	CISI	D RES PLACE LOCAL SHARE	-25,800.0	0.00	26,889.36	1,089.36
										Totals:	-25,800.0	0	26,889.36	1,089.36

Inquiry Information for Expenditure Accounts

Recoded to Fund Code 226

Fund 226 / 1 IDEA-B DISC.	RES (SAS-111)		month of August		File ID. 1	
Fnc-Obj.So-Org-Prog	Date	JV Nbr	Req/Invc	Reason	Fld	Debit (+)	Credit (-)
00-1110.00-000-100000	08-28-2021	108581	o.	Recode Resid to High Cost Fund	BAL	.00	-13,225.03
11-6299.02-001-123000	08-28-2021	108581		Recode Resid to High Cost Fund	EXP	13,225.03	.00
	Tot	als for J.V. 1	08581 - Recode	Resid to High Cost Fund		13,225.03	-13,225.03
	Tot	als for Fund	226 / 1			13,225.03	-13,225.03
				Grand Totals		26,450.06	-26,450.06
End of Report							

General Journal

ANYWHERE ISD

Month of August

Program: FIN1150

Page: 2 of

File ID: 1



Timeline

Date	Action
Early March	To the Administrator Addressed (TAA) "Heads Up" letter posted to TEA Correspondence webpage.
Mid/late March	IDEA-B LEA MOE preliminary compliance determinations available in GFFC Reports & Data Collections (GFFC).
Early April (10 business days after Preliminary Reports)	Deadline for LEAs to submit IDEA-B LEA MOE exception requests and/or PEIMS errors.
April and May	TEA reviews LEA exception requests & PEIMS errors.
June	Final compliance reviews posted in GFFC.



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