

AUTHORITY: Section 51a(6)
of Act 94, PA 1979 as amended.
COMPLETION: Voluntary.

Direct questions regarding this
form to Rene Richardson at
(517) 241-4415.

**REQUEST FOR REIMBURSEMENT FOR THE NET INCREASE IN NECESSARY COSTS
FOR IMPLEMENTING THE JULY 1, 1987 SPECIAL EDUCATION RULES
2015-16 SCHOOL YEAR FINAL COST REPORT**

EDUCATIONAL AGENCY	Legal Name of School District	District Code No.	Telephone - Area Code/Local No.
	Address	City	Zip Code

PURPOSE: To verify expenditures for 100% reimbursement of the net increase in necessary costs incurred by a district in implementing the revision in the Administrative Rules for Special Education that became effective July 1, 1987.

TIME LINES: Final Cost Reports are due at the Department by July 29, 2016.

MAILING INSTRUCTIONS:

SCHOOL DISTRICT: Mail ORIGINAL to the State address above, one copy to the ISD, and retain ONE copy for your records.

DIRECTIONS: File a separate cost report for each staff member that was approved for funding by the Department. Please be apprised that item #7 requires detailed information and a proration of these costs when applicable. Costs reimbursed under Section 51a(6) must also be reported on page 2 of the SE-4096 Special Education Final Cost Report and may not be included in other state aid claims. This will assure that these costs are not reimbursed twice.

CERTIFICATION: I certify that the information submitted on this form is true and correct to the best of my knowledge. This report was prepared in cooperation with the Business Office staff and the costs reported are proper charges to special education. All records and schedules (including time reports supporting proration of personnel) used in the preparation of this report will be kept for three years after the close of the fiscal year for audit purposes.

Date _____ Superintendent or Authorized Official _____ (Signature)

Contact Person _____ Telephone _____ Area Code/Local No. _____

Email Address _____

SECTION 51a(6) FINAL COST REPORT

Name of LEA: _____ LEA Code #: (____ - _____)
Name of ISD: _____ ISD Code #: (____ - _____)
Name of Staff Person: _____ Rule #: _____

Full-Time = Working all day whether all of the school year or part of the school year

Part-Time = Working part of the day whether all of the school year or part of the school year

(Part-Time Staff) 2015-16	(Full-Time Staff) 2015-16
#1. Number of Days Employed _____	#1. Number of Days Employed _____
#2. Actual Number of Days Employed Due to New Rules _____	#2. Actual Number of Days Employed Due to New Rules _____
#3. Divide #2 by #1 _____%	#3. Divide #2 by #1 _____%
#4. Multiply #3 by Salary and Fringe Benefits Paid Last Person Hired _____*	#4. Multiply #3 by Salary and Fringe Benefits Paid Last Person Hired _____*
#5. Percent of <u>Days</u> Employed Due to New Rules _____%	#5. Other Costs (if applicable, please explain) _____
#6. Multiply #4 by #5 _____	#6. Add #4 and #5 (Actual Amount to be reimbursed by the Dept.) _____
#7. Other Costs (if applicable, please explain) _____	
#8. Add #6 and #7 (Actual Amount to be reimbursed by the Dept.) _____	

* Please be apprised that salaries of staff funded under Section 51a(6) must be at the level of the last person hired in a similar position, even if the individual is transferred into a Section 51a(6) funded position.