

BEHAVIORAL HEALTH SERVICES

ADMINISTRATIVE ADJUSTMENT REQUEST  
(With Supporting Documentation Attached)  
AAR# \_\_\_\_\_

CONTRACTOR:	_____	CONTRACT NO.:	_____
ADDRESS:	_____	BUDGET PERIOD	_____
PROGRAM:	_____	FUNDING SOURCE	_____
REQUESTED BY:	_____	TELEPHONE NO:	_____
(Name and Title)			

NATURE OF REQUEST:                     Service Adjustment                   

REQUEST EFFECTIVE DATE: \_\_\_\_\_

**DESCRIPTION OF REQUEST (Be specific):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REASON FOR REQUEST (Be specific. Justify reason and ability to increase/decrease previously budgeted amounts):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*NOTE: Mid-year Budget Adjustments to reduce S&B due to vacancies/delayed hiring shall not impact productivity expectations set at the beginning of the fiscal year.*

\_\_\_\_\_ (Authorized Contractor Staff: Print name, designation and sign)                    \_\_\_\_\_ Date

COUNTY USE ONLY

Recommended                     Not Recommended                    Comments: \_\_\_\_\_

\_\_\_\_\_ Program/Contract Analyst (Print and Sign)                    \_\_\_\_\_ Date

APPROVED                     DENIED                    Comments: \_\_\_\_\_

\_\_\_\_\_ COR (Print and Sign)                    \_\_\_\_\_ Date