

## ARMAC Participant Adjustment



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	School District	Please select a District	Fiscal Year		Date Submitted	i	ARMAC Coordinator Name	
			LEA Number		Quarter			
omplete and submit the ARMA	C Participant Adjustment	Form to notify the DESE when a participant's information char	nges. The adjustment form should I	be submitted within 5 business days	s of the occurred change. Changes for mult	iple participants may be included on a sir	igle form. Email this form as an excel file to Ri	chard.Harper@arkansas.go
		Please ensure ALL information is complete and accurate	. This form no longer has to be s	igned and scanned. Once you ha	ive completed the form, save the excel d	ocument and email to Richard.Harper	@arkansas.gov.	
Adjustment Type/D	ate			PARTICIPANT INFO	ORMATION (THIS SECTION MUST BE COMPLE		Quarter. Benefits	
Adjustment Type	Effective Date Enter the effective date	Employee State_ID	Participant First Name	Participant Last Name	Participant Email	Quarter. Salary	Quarter. Benefits	Participant Job Tit
Select the appropriate option	for the change.	This information is used by the DESE ARMAC Specialist to verify the individual in the ARMAC system.						
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			B		·	4 Capitol Mall, Mail Slot #14		
			SCHUUI	HEVITH CEDVIC	רכ	Little Rock, AR 72201		
			3CHOOL	<u>. HEALTH SERVI</u>	LES	Phone: 501-683-3604		
			Creating and Sustaing a Healthy School Culture 501-683-3604			Fax: 501-682-4886		
						Email: Richard.Harper@arkansas	gov	
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