



**RANDOM MOMENT TIME SURVEY (RMTS)
 DISTRICT INFORMATION
 2023-2024**

1 DISTRICT/SCHOOL

District/School Name

County

Claiming Unit: _____

If different than name above.

2 DISTRICT RMTS COORDINATOR

Name

District Job Title

Street Address

City, State, Zip

Mailing Address (if different than street address)

City, State, Zip

Phone (please include extension)

Fax

Email

Check the box for this person to:

**have access to the RMTS system
 receive RMTS late notifications**

3 SUPERVISOR OF DISTRICT RMTS COORDINATOR

Name

District Job Title

Phone (please include extension)

Fax

Email

Check the box for this person to:

**be included in all program communications
 have access to the RMTS system
 receive RMTS late notifications**

4. ALTERNATE DISTRICT CONTACT – RMTS COORDINATOR DESIGNEE/ASSISTANT

Name

District Job Title

Phone (please include extension)

Fax

Email

Check the box for this person to:

**be included in all program communications
 have access to the RMTS system
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7. LEA BILLING OPTION PROGRAM SUBCONTRACTOR/THIRD-PARTY VENDOR

Company Name

Contact

Contact Job Title

Phone

Email

PRINTED NAME OF PERSON FILLING OUT FORM

JOB CLASSIFICATION TITLE

DATE