

Random Selection Participants Addition/Deletion Form

INSTRUCTIONS: This form is to be used by members who have subscribed to our Random Program Services. Use this form for any changes of personnel at your district, which would affect your random pool. Please list the changes in the ADDITION or DELETION portion of the form below. It is essential that you designate if the Additions or Deletions are from your DOT or NON-DOT pool, if you have both pools. If there are no changes, no form is necessary. **Please make copies for future use!!!**

FAX or MAIL this form to: Leslie Stahlnecker, RN / Michelle M. Dearlove, CPA
Educational Service District 123
3918 W. Court Street
Pasco, WA 99301
Fax: (509) 544-5795

Company Name: _____ Date: _____

Person completing form: _____

Signature: _____

ADDITIONS TO RANDOM SELECTION POOL (Please include Name & SSN#)	DOT or NON-DOT (please circle)
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DELETIONS TO RANDOM SELECTION POOL (Please include Name & SSN#)	DOT or NON-DOT (please circle)
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Note: You may send computer lists indicating current employees with your Addition/Deletion forms, but district name needs to be on list, and an Addition/Deletion form must be completed as well. Thank you for your assistance and cooperation.