



Albuquerque Public Schools

District Forms • 2016



ALBUQUERQUE PUBLIC SCHOOLS

AS OF 09/15/2015, THE WAREHOUSE WILL NO LONGER PROVIDE THE FORMS LISTED BELOW, TO SCHOOLS.

APS GRAPHICS ENTERPRISE SERVICES IS THE DEPARTMENT NOW HANDLING FORM ORDERING, PRINTING AND DELIVERY.

CONTACT INFORMATION:

APS Graphics Enterprise Services
912A Oak Street SE 87106 | 505.842.3696 Fax 505.842.3552

The following forms are being printed and delivered by APS Graphic Enterprise Services (GES):

NO COST: (ORDER LIMITED TO 5 PADS/PACKAGES PER PRODUCT, PER ORDER)				
Form Name	Form #	Quantity	Cost	Page
Request for Leave	AC-04	50 per package	None	1
Voucher Jacket	AC-13	100 per pad	None	2
Admit Slips	APS-40	100 per pad	None	3
Cumulative Folder	CG-02	50 per package	None	4
Academic Card	CG-03	50 per package	None	5
Request for Cumulative Folder	CG-04	25 per package	None	6
Comment Record Card	CG-09	50 per pad	None	7
Test Record Card	TG-55	50 per package	None	8
Mileage Location to Location	AD-94	50 per pad	None	9
Mileage Odometer	AD-95	50 per pad	None	10
NO COST: (ORDER NOT LIMITED)				
Form Name	Form #	Quantity	Cost	Page
Hall Passes	APS-36	50 per pad	None	11
Attendance Slips	APS-41	100 per pad	None	11
COST:				
Form Name	Form #	Quantity	Cost	Page
Telephone Message Pads	AD-05	100 per pad	.61 per pad	12
AFPO Bundle (Includes 200 AFPOS and 200 Request Forms)	AFPO	200 each	\$18.00 per bundle	13-14



ALBUQUERQUE PUBLIC SCHOOLS

Request for Leave

Name: _____ Employee No. _____
 (Please print)

Job Classification _____

Date: _____

Site _____ Location No. _____

I request _____ / _____ leave as follows
 Days or Hours

Beginning date _____ and time _____

Ending date _____ and time _____

***IMPORTANT - PLEASE INDICATE TYPE OF LEAVE BEING REQUESTED**

- | | |
|--|--|
| <input type="checkbox"/> 22 Emergency | <input type="checkbox"/> 35 Union Leave |
| <input type="checkbox"/> 31 Professional | <input type="checkbox"/> 41 Annual Leave |
| <input type="checkbox"/> 32 Legal Summons | <input type="checkbox"/> 51 Leave Without Pay |
| <input type="checkbox"/> 33 Bereavement Leave | <input type="checkbox"/> 52 Personal Emergency |
| <input type="checkbox"/> 34 Paid Absence Other | <input type="checkbox"/> 54 Personal Leave |

Cost Account _____

Reason for Request & Destination: _____

(Signature of Employee)

Approved by: _____
 (Principal or Department Head)

Approved by: _____
 (Superintendent or Designee)

Distribution: White, Payroll - Yellow, employee

GES-Materials Management Form AC-04

CHECK/VOUCHER NO. _____

DATE _____

ACTIVITY FUND
PURCHASE ORDER NO. _____

SCHOOL

TO

Charge following funds

\$

Amount Paid

\$

I, or we, hereby certify that the articles covered by this voucher were received in good condition after due inspection thereof, or the services were rendered as stated, that they were necessary and proper and that the amounts claimed are just and reasonable and that no part thereof has been paid.

Principal or Authorized Representative

Title

ADMIT SLIP



Name Date Issued

Dates of absences.....

Unexcused No privilege to make up work for credit

Excused Must make up work for credit

Special Must make up for credit

Reason for absence

Teacher.....

0 3 6

1 4 7

2 5 8

GES-Materials Management Form APS-40

STUDENT NAME _____
Last First Middle Date of Birth Student Number



ACADEMIC RECORD

SAMPLE

PUPIL'S NAME _____

REQUEST FOR PUPIL CUMULATIVE RECORD

TO _____ SCHOOL

PLEASE SEND THE CUMULATIVE RECORD FOLDER FOR THE PUPIL NAMED ABOVE WHO HAS

ENROLLED IN _____ SCHOOL

DATE OF REQUEST

TEACHER

(_____)

DATE RECORD TRANSFERRED


GRADE

PRINCIPAL



ALBUQUERQUE
PUBLIC SCHOOLS

GES-Materials Management Form CG-04

 **ALBUQUERQUE PUBLIC SCHOOLS** **TEST RECORD** Student Number _____ Student Name _____

ELEMENTARY

- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here


MIDDLE SCHOOL

- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here

Other Test Scores _____

High School (*other side*)

GES-Materials Management Form TG-55

 **ALBUQUERQUE PUBLIC SCHOOLS** **TEST RECORD (High School)** Student Number _____ Student Name _____

HIGH SCHOOL


- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here
- Place Test Scores Here

Other Test Scores _____

Elementary & Middle School (*other side*)

GES-Materials Management Form TG-55

HALL PASS


**ALBUQUERQUE
PUBLIC SCHOOLS**

PASSTO...*(Check One Only)*

<input type="checkbox"/> Class	<input type="checkbox"/> Counselor	<input type="checkbox"/> Main Office
<input type="checkbox"/> Library	<input type="checkbox"/> Nurse	<input type="checkbox"/> Restroom
<input type="checkbox"/> Principal	<input type="checkbox"/> Attendance Office	

Student _____

By _____ Date _____

Time Left _____ Time **ARRIVED** _____


Time Left _____ Time **RETURNED** _____

Teacher _____

Hall Guard _____

GES-Materials Management Form APS-36

ATTENDANCE


**ALBUQUERQUE
PUBLIC SCHOOLS**

Date _____

STUDENT NAME	Period	Absent	Tardy

Teacher _____

GES-Materials Management Form APS-41

IMPORTANT MESSAGE

FOR _____

DATE _____ TIME _____ A.M.
P.M.

WHILE YOU WERE AWAY

M _____

OF _____

PHONE NO. _____ Cell. # _____

RETURNED YOUR CALL		PLEASE CALL	
REQUEST A MEETING		URGENT	

MESSAGE _____

GES-Materials Management Form AD-05



Activity Fund Purchase Order

Vendor: _____

Ship to: _____

Quantity	AF Acct.	Description	Unit Price	Total Price
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 Sponsor or Department Head Signature

 Principal's Signature

 Account to Charge

 Received By

 Date

See APS general terms and conditions located in the APS Procurement website.

Navigate to:

www.aps.edu/procurement

Go to the left side of the page to click on the link.

PO Total _____



Request for Activity Fund Purchase Order (this is NOT a Purchase Order)

Date: _____

Requestor Name: _____

Vendor Name and Number: _____

Vendor Address: _____

Description: _____

(Please attach order form or quote if applicable. If PO is for a service, the Vendor Number must be on this form.)

Total Amount Not to Exceed: \$ _____

Activity Fund to be charged: _____

Sponsor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

(Please allow a minimum of 24 hours for processing)

GES-Materials Management Form AFPOR

DISTRICT FORMS PENDING MANDATE PRINTING APPROVAL





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