

**FY25 VCVA & DV Grant  
Quarterly Personnel Time Report  
(Agency Employees Only)**

Grant Number \_\_\_\_\_

Reporting Quarter (MM/DD/YY to MM/DD/YY) \_\_\_\_\_

Grant Funded Employee's First & Last Name \_\_\_\_\_

Position Title (as listed on your approved budget) \_\_\_\_\_

Total Number of Hours the Employee Worked for your Agency in this Reporting Quarter \_\_\_\_\_

Total Number of Paid Time Off (PTO) hours the Employee used during Reporting Quarter \_\_\_\_\_

***The information provided above for my reported time in the grant funded position is correct.***

Grant Funded Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(A digital signature is allowable)*

~~~~~

Provide the percentage (%) of the Employee's Annual Salary that you are requesting reimbursement for in this Reporting Quarter \_\_\_\_\_%.

Employee worked in the grant funded position for the entire Reporting Quarter **Yes**\_\_\_ **No**\_\_\_

- If the grant funded position was **vacant** at any time during the Reporting Quarter, you must include a **FY25 Personnel Vacancy Form** with this Personnel Time Report
- If the grant funded position was filled by another agency employee during the Reporting Quarter, you must include **(1) a FY25 Personnel Change Form AND a (2) Resume** with this Personnel Time Report

***All information provided above for the Reporting Quarter is correct. If applicable, the required document(s) are attached.***

Employee's Supervisor/Manager Name \_\_\_\_\_

Employee's Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

*(A digital signature is allowable)*