

FY26

VCVA & DV Grant Programs
Grant-Funded Employee Change
(Agency Employees Only)

Along with the Quarterly Employee Time Report, complete/attach this document for any Agency Grant-Funded Employee **change** that occurred during the quarter. **A resume must also be attached.**

OF NOTE: An Employee Change document is not required if the Employee change occurred before July 1, 2025.

Grant Number _____

Grant-Funded Position (as listed on your **approved grant Budget**) _____

Former Grant-Funded Employee – First & Last Name _____

Last Working Day on the Grant (MM/DD/YY) _____

Grant-Funded Employee Change – First & Last Name _____

First Working Day on the Grant (MM/DD/YY) _____

This Grant-Funded Employee change is _____ Permanent _____ Temporary

The information provided above is correct and a resume is attached.

Director/Manager **Printed Name** _____

Director/Manager **Signature** _____
(Digital signature is allowable)