

FY26

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

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

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

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

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

The Employee's status with your **Agency** is \_\_\_\_ Full-Time \_\_\_\_ Part-Time

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 is correct.***

Grant-funded Employee's **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Digital signature is allowable)

Percentage (%) of the Employee's annual salary allocated to the 2025-26 grant program \_\_\_\_\_%.

***Q1 Reporting ONLY - Required attachments to the Q1 Personnel Time Report: (1) Employee's resume AND (2) Agency's job description for the grant-funded position.***

**Grant-Funded Employee Vacancy Reporting**

- If the grant-funded position was **vacant** at any time during the Reporting Quarter, you must attach a **FY26 Grant-Funded Employee Vacancy form**
- If the grant-funded position was filled by another Agency employee during the Reporting Quarter, **you must also include (1) FY26 Grant-Funded Employee Change form AND (2) the Employee's resume**

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

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

Employee's Supervisor/Manager **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Digital signature is allowable)