

FY26

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

Along with the Quarterly Employee Time Report, complete/attach this document for any Agency Grant-Funded Employee **vacancy** that occurred during the quarter.

OF NOTE: If the grant-funded position has been vacant since July 1, 2025, type "N/A" in the Employee Name blank below.

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) _____

This Grant-Funded Employee vacancy is _____Permanent _____Temporary

The information provided above is correct.

Director/Manager **Printed Name** _____

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