FY27

Grant-Funded Personnel Vacancy or Change

(Agency Employees Only)

*Provide this document with quarterly reporting for any Grant-Funded employee **vacancy or change** that occurred **during** **the FY27 reporting quarter.***

Grant Number _____

Grant-Funded Position **(as listed on your FY27 approved grant Budget):**

_____

Please check the appropriate box: ☐ **FY27 Vacancy** ☐ **FY27 Employee Change**

The vacancy or change is: ☐ **Permanent** ☐ **Temporary**

Former FY27 Grant-Funded Employee's First & Last Name

_____

Last Working Day on the **FY27 Grant** (MM/DD/YY)

_____

New FY27 Grant-Funded Employee's First & Last Name (if applicable)

_____

First Working Day on the FY27 Grant (MM/DD/YY)

_____

The information provided above is correct.

A resume has been attached for an Employee Change (if applicable).

Director/Manager **Printed Name** _____

Director/Manager **Signature** _____

(Digital signature is allowable)