**NOTICE OF VCVA PERSONNEL CHANGE**

Please complete this form for any grant funded personnel change. The grant agreement requires submission of this form within ten (10) working days of the personnel change.

**This form is designed with text form fields and is to be completed on the computer.**

This is a two-part form. Complete the “former” employee information upon resignation/termination and complete the “new” employee information upon hiring.

If this form contains information about a new employee, **there must be a copy of the new employee’s resume attached.**

Name of Agency:      Grant Number:

FORMER VCVA STAFF INFORMATION

Staff Name:       Job Title:

Last Day Employed:

Annual Salary/Benefits: Salary $      Benefits $

Chief Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEW VCVA STAFF INFORMATION *(attach resume)*

Staff Name:       Job Title:

First Day Employed:

Annual Salary/Benefits: Salary $      Benefits $

Chief Executive Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Personnel change is \_\_\_\_\_\_Permanent \_\_\_\_\_\_\_Temporary