

**FY25 VCVA & DV Grants  
Quarterly Personnel Time Report  
(Agency Employees Only)**

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

Employee First & Last Name \_\_\_\_\_

Grant Funded Position Title (listed on your approved budget) \_\_\_\_\_

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

Total Number of Hours Worked in the Reporting Quarter \_\_\_\_\_

Total Number of Paid Time Off (PTO) hours in the Reporting Quarter \_\_\_\_\_

***The information provided above for my reported time in the grant funded position is correct.***

Grant Funded Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

*(A digital signature is allowable)*

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Percentage (%) of the grant funded employee's annual wages allocated to the **Personnel** Budget Line Item in this Reporting Quarter \_\_\_\_\_

Employee worked in the grant funded position for the entire Reporting Period **Yes** **No**

- If the grant funded position was vacant at any time during the Reporting Quarter, you must include a **FY25 Personnel Vacancy Form** with this Personnel Time Report
- If the grant funded position was filled by another agency employee during the Reporting Quarter, you must include a **FY25 Personnel Change Form AND Resume** with this Personnel Time Report

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

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

Employee's Supervisor/Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

*(A digital signature is allowable)*