

PROGRAMMATIC CHANGE FORM

Directions: Please fill out **one** form for **each** programmatic change and submit via fax, e-mail, or mail to the attention of the **Program Manager of the grant within two weeks of a staff change**. Any submittal of this form beyond two weeks from the change date may impact the possibility of reimbursement and will be subject to the Program Manager's approval. Retain a copy for your records.

Please check the applicable grant: **ARRA** **DDTF** **SAFEPLAN** **VOCA**

Agency Name: _____

Program Name: _____ **Contact Person:** _____

Phone: # _____ **ext.** _____ **Email:** _____

Please Note: Any employee change that requires an **increase or reduction in hours or a salary adjustment** will need to be submitted as a **budget change**. In such cases, submit a budget amendment request to the attention of the appropriate Program Manager. The request must include a description of the changes and a copy of the proposed employee budget that indicates the requested adjustments to be made. Pay special attention to employees that are listed on more than one grant to ensure that there is no supplantation.

This staff change requires a budget amendment **This staff change does not require an amendment**

Check the type of staff change: Resignation Hire Change in hours from _____ to _____

Extended Leave (Type: _____ Dates from ____/____/____ to ____/____/____)

Are you billing MOVA for any portion of this leave? Yes No)

Name of Employee: _____

Position Title: _____ **Effective Date:** ____/____/____

Hours on the Budget: _____

Hourly Rate: _____ **Fringe Rate:** _____

The invoice for which this change will begin (insert month): _____

Resume included for new hire: Yes No

Must have both signatures to ensure changes are in effect:

Program Rep. Signature _____ **Date:** _____

Fiscal Rep. Signature _____ **Date:** _____