

DATE: _____

**Department of Criminal Justice Services (DCJS)
PROGRAM INFORMATION UPDATE FORM**

All grant funded programs ***are required*** to notify DCJS ***within 30 days*** of any personnel changes in the grant funded program (see Grant Award Package). **This form must be signed by the Project Administrator only when there are staff changes for the Project Administrator, Project Director, and/or Finance Officer positions.** For all other grant funded positions, the Project Administrator's signature is not required. If you have any questions about when or how to complete this form, please contact your Grant Monitor. Please submit the completed form to your Grant Monitor via e-mail.

Program/Locality Name: _____ **Grant Number(s):** _____

SEPARATION

***Required* Please indicate if the change is one or more of the following:**

- Grant Funded Staff Project Director Project Administrator Finance Officer

Name and Title of Staff Leaving Program: _____

Effective Date: _____

NEW STAFF/OFFICIAL

***Required* Please indicate if staff person is one or more of the following:**

- Grant Funded Staff Project Director Project Administrator Finance Officer Other

Name and Title of Staff/Official: _____

Street Address: _____

City: State: Zip: _____

Phone & E-Mail (Required): _____

Effective Date: _____

Project Administrator Signature: _____ **Date:** _____

EXTENDED LEAVE (Longer than 30 days)

***Required* Please indicate if staff person is one or more of the following:**

- Grant Funded Staff Project Director Project Administrator Finance Officer

Name and Title of Staff to be on Extended Leave: _____

Effective Dates: Begin _____ TO _____ End _____

Please list name & contact information of staff providing coverage and/or assisting with grant responsibilities:

Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone & E-Mail (Required): _____