

Department of Criminal Justice Services (DCJS)
Grants Management:
PROGRAM INFORMATION UPDATE FORM

All grant funded programs ***are required*** to notify DCJS ***within 30 days*** of any personnel changes (see grant Award Package). Please submit the completed form to your Grant Monitor via e-mail. If you have any questions about when or how to complete this form, please contact your Grant Monitor.

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

Reason(s) for completing this programmatic change form:

- Employee Separation New Staff/Hiring Extended Leave (**longer than 30 days**) Other _____

EMPLOYEE SEPARATION

***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 Leaving Program: _____

Effective Date: _____

NEW STAFF/HIRING

***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 New Staff: _____

Street Address: _____

City: State: Zip: _____

Phone: E-Mail (Required): _____

Effective Date: _____

Name of Previous Staff Person and Separation Date: _____

EXTENDED LEAVE

***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): _____

Project Administrator Signature: _____

Date: _____