|  |
| --- |
| Provider RequestPersonnel Schedule Amendment |
| Sub-grant Funding Source & Grant Number |
| Sub-grantee Name |  |
| Service Area |   |
| Grant Period | Begin | End |  |  |
|  |  |  |  |  |
| Employee to be Removed from Grant | Effective Date |  |
| Name |  | Title |  |
| Budgeted Salary |  | Budgeted Benefits |  |
| Expended Salary |  | Expended Benefits |  |
| Employee to be Added to Grant | Effective Date |  |
| Name |  | Title |  |
| Annual Salary |  | FTE on Grant |  | No. of Months |  |
| Budgeted Salary |  | Budgeted Benefits |  |
|  🞎 Resume is attached. Request will not be processed without a current resume for the employee to be added to the budget. |
| Submitted by Chief Executive Officer/ Executive Director or designee |
| Name |  | Signature |  |
| Date |  | Title |  |