



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

KWAME RAOUL
ATTORNEY GENERAL

FY25 VCVA/DV PERSONNEL CHANGE FORM

Along with the Quarterly Personnel Time Report, submit a completed Personnel Change Form for any agency grant-funded personnel that changed during the quarter. **A resume must be attached.**

Agency Name _____

Grant Number _____

Funded Position Title (as listed on your approved budget) _____

Former Personnel – First/Last Name _____

Last Working Day on Grant _____

New Personnel – First/Last Name _____

First Working Day on Grant _____

Personnel Change is

Permanent

Temporary

The information provided above is correct.

Director/Manager Name _____

Signature _____

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Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service.

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