

Commonwealth Corps Request for Slot Conversion

Organization information

Please print clearly

Request Date _____ Person making the request _____

Legal Organization _____

Program Name _____

Number and type of slots awarded				
_____ Full time	_____ Part time	_____ Flex time	_____ Alt. Flex 300	
_____ 1600 hours	_____ 800 hours	_____ 400 hours	_____ hours	
Number and type of slots currently filled				
_____ Full time	_____ Part time	_____ Flex time	_____ Alt. Flex	
_____ 1600 hours	_____ 800 hours	_____ 400 hours	_____ 300 hours	
Number and type of slots remaining				
_____ Full time	_____ Part time	_____ Flex time	_____ Alt. Flex	
_____ 1600 hours	_____ 800 hours	_____ 400 hours	_____ 300 hours	

Slot conversion

I am requesting the following change:

Number and type of slots: _____

INTO

Number and type of slots: _____

Please explain the need for this change. Address how the change will fit with the existing program objectives and why it is beneficial to the program. Describe your plan for orienting and training the new member(s) and how they will be incorporated into the existing corps.
