

Commonwealth Corps Request for Slot Refill

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 Refill

I am requesting to refill (#)_____ (type)_____ slot(s). I understand that a slot can be refilled only if the original member served less than 30% of the term of service. I understand that only the remaining stipend is available to the new member and the new member is expected to complete the full hours of the term of the slot.

Available slot(s) _____

Slot Type : _____

Number of hours already served: _____

Amount of stipend already allocated to previous member: _____

Remaining stipend funds: _____

Name of exited member who originally held this slot

Describe your detailed plan for orienting and training this new member, and how they will be incorporated into the existing corps.

Certification

I understand that this request cannot increase the funds awarded through this grant and may decrease my award.

Name	Title
Signature	Date

MSA Approval

Date received by MSA: _____

Date reviewed by MSA: _____

Action taken

Approved

Not approved

Program Officer signature : _____ Date: _____