



OFFICE OF THE ATTORNEY GENERAL  
STATE OF ILLINOIS

**KWAME RAOUL**  
ATTORNEY GENERAL

**NOTICE OF VCVA/DV PERSONNEL CHANGE**

Please complete this form for any grant funded personnel change. The grant agreement requires submission of this form within ten (10) working days of the personnel change.

**This form is designed with text form fields and is to be completed on the computer.**

This is a two-part form. Complete the “former” employee information upon resignation/termination and complete the “new” employee information upon hiring.

If this form contains information about a new employee, **there must be a copy of the new employee’s resume attached.**

Name of Agency: \_\_\_\_\_ Grant Number: \_\_\_\_\_

FORMER VCVA/DV STAFF INFORMATION

Staff Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Last Day Employed: \_\_\_\_\_

Annual Salary/Benefits: Salary \$ \_\_\_\_\_ Benefits \$ \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

NEW VCVA/DV STAFF INFORMATION (attach resume)

Staff Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

First Day Employed: \_\_\_\_\_

Annual Salary/Benefits: Salary \$ \_\_\_\_\_ Benefits \$ \_\_\_\_\_

Chief Executive Office: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

This Personnel change is \_\_\_\_\_ Permanent \_\_\_\_\_ Temporary