**STAFF VACANCY REPORTING FORM**

**Please notify your Family Support Consultant within Five Business Days of a Staff Vacancy**

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| --- | --- | --- | --- |
| **Quarter** |  | **Grantee** |  |
| **Day/Month** |  | **Grant Award(s)** |  |
| **Year** |  |

|  |  |
| --- | --- |
| **Date Vacancy Occurred** |  |
| **Job Title** |  |
| **Job Responsibilities** |  |

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| **Solution to Fill Staff Vacancy** |
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| **Technical Assistance (to be completed by the Family Support Consultant)** | | |
| ☐Needed ☐Not Needed | **Notified within Five Business Days of Vacancy** | Yes No |
| **Family Support Consultant Follow-up Comments** | | |
|  | | |