



2020-2021 Illinois AmeriCorps*State Member Slot Conversion

Program requesting: _____

Program Officer Name requesting: _____

Date of Request: _____

Current Member Slots requesting Conversion:

___ FT ___ RFT ___ HT ___ RHT ___ QT ___ MT

Requesting conversion to:

___ FT ___ RFT ___ HT ___ RHT ___ QT ___ MT

MSY Conversion:	FT= 1	RFT = 0.70000000
	HT= .5	RHT= 0.3809524
	QT= 0.26455027	MT= 0.21164022

Program Director's Signature Date

For SIC Program Officer:

Approved and Completed by:

SIC Program Officer's Signature Date

Date Conversion Completed in eGrants: _____