State of Illinois
Department of Human Services

ILLINOIS AMERICORPS MEMBER SLOT CONVERSION FORM

Program Name: _____

Program Director (or designee): _____

Program Officer Name: _____

Date of Request: _____

Current Member Slot(s):

_____**FT** _____**TQT** _____**HT** _____**RHT** _____**QT** _____**MT** _____**AT**

Requested Conversion:

_____**FT** _____**TQT** _____**HT** _____**RHT** _____**QT** _____**MT** _____**AT**

MSY Calculation: **FT= 1** **TQT= 0.7**
HT= .5 **RHT= 0.3809524**
QT= 0.26455027 **MT= 0.21164022**
AT=0.05627705

_____ _____
Program Director's Signature Date

For Serve Illinois Program Officer:

☐ Approved ☐ Denied _____

_____ _____
Program Director's Signature Date