



## 2024-2025 Illinois AmeriCorps Member Slot Conversion

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

<b>MSY Calculation:</b>	<b>FT= 1</b>	<b>TQT= 0.7000000</b>
	<b>HT= .5</b>	<b>RHT= 0.3809524</b>
	<b>QT= 0.26455027</b>	<b>MT= 0.21164022</b>
	<b>AT=0.05627705</b>	

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

**For Serve Illinois Program Officer:**

Approved    Denied \_\_\_\_\_

\_\_\_\_\_  
Program Officer's Signature

\_\_\_\_\_  
Date

**The Program Representative should NOT sign this document until the Serve Illinois Program Officer has approved or denied the request and will then return for program signature.**      Rev 7.31.24