



2025-2026 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

| | | |
|-------------------------|-----------------------|-----------------------|
| MSY Calculation: | FT= 1 | TQT= 0.7000000 |
| | 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 Officer's Signature

Date