



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= 0.70000000
 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

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 2.6.25