**Tobacco Free Nebraska – Grantee Personnel Change Form**

This form is to notify Tobacco Free Nebraska in writing when grant staffing changes occur, including resignations, new hires and/or changes in duties. Fill out the yellow cells, as required. Email this form, along with any attachments, to dhhs.tfn@nebraska.gov.

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| **Personnel Information** |
| **Name of Personnel** | **Position Title and Agency** | **Total Salary, Wages and Fringe Planned (add total salary and fringe)** |
|       |       | $0.00 |
| **Type of Personnel Change: (select one)** | **Date of Change** | **Check one:** |
| Choose an item. | Click or tap to enter a date. | First Day [ ]  Last Day [ ]  |
| **Provide a brief description of this position’s job duties, or changes in job duties, and how it relates to the grant.***Submit a copy of this position’s job posting with this form. This is required for New Hires and Change of Duties notifications.* | Enter job duties here. |
| **Provide a description of the personnel’s qualifications related to the grant.** *Submit a copy of the staff’s resume with this form. This is required for New Hires and Change of Duties notifications.* | Enter qualifications here. |

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| **Personnel Cost** |
| This section does not need to be filled out for resignations. Indicate this staff member’s annual salary, their hourly rate, the number of months they will work on this grant, the number of hours worked on this grant (FTE), and then calculate the percentage/amount of fringe charged for this staff member. |
| **Annual Salary and Wages** | **% Paid by This Grant** | **Number of Months on This Grant** | **Hourly Rate** | **Number of Hours to be Worked on This Grant** *(2,080 hours = 1 FTE at 40 hours a week for a year)* | **Total Salary and Wages Requested from This Grant** |
| $0.00 | 0.00% | 0.00 | $0.00 | 0.00 | $0.00 |
| **Fringe (%)** | **Fringe ($)** *(if not %)* | **Total Fringe** | **Fringe Justification** *(How was total fringe calculated? Include the math.)* |
| 0.00% | $0.00 | $0.00 | Example: Retirement at 6% of salary = $XXX, Social Security at 7.65% of salary and retirement amount = $XXX, Insurance at annual premium of $XXX x 0.5 FTE = $XXX, for a total of $XXX fringe |
| **Does this change result in more than a 10% grant budget change? Check Yes/No** | Yes [ ]  No [ ]  |
| **Additional Information (if needed)** |
| Add additional information here (if needed). |

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| **Information of person submitting this form** |
| **Name** | **Local Fiscal Agency** | **Job Title** | **Date of form submission** |
|       |       |       | Click or tap to enter a date. |