

## Personnel Changes

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### PROCEDURE

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Key personnel are those people who are essential to carrying out the work of a project. Key personnel include: Principal Investigators / Program Directors (PI/PD's) Co-Investigator's (Co-PI's) as-well-as 'Key Persons' (e.g., Co-Director's, data administrator's, etc.).

LC State Policy and Federal guidance require that the PI/PD track effort for key personnel and notify sponsors when there is a significant reduction in effort (usually 25% or more) or when one of the key people leave the project.

**One (1) Personnel Changes Form should be completed for each personnel change.**

**The completed Personnel Changes Form should be submitted to the OGC prior to the requested personnel change occurring.**

**Table 1: DISTRIBUTION MATRIX**

<b>Personnel Changes Form Recipients</b>	<b>Distribution Required</b>
Responsibility of the PI	
Immediate Supervisor of the PI	Always Required
Office of Grants and Contracts	Always Required

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## INSTRUCTIONS

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**Download** this form to your desktop **and** open the form in **ADOBE PDF** before starting. **This form will NOT work correctly in your web-browser.**



Make sure the 'Show border hover color for fields' in Adobe PDF is 'checked'. You will only need to complete this requirement if you have altered the default settings of Adobe PDF on your computer.

**1 2 3**

**Please complete each question in the order it appears on this form.** Some of the items on this form are dependent upon the answers to previous questions.



Mandatory fields and Mandatory Requirements on this form are highlighted in '**RED**'.



Use the '**GREY**' buttons to attach all required and / or additional documents to this form. **Each attachment should be easily identifiable by name and should be attached as a separate PDF (i.e., Do not combine all attachments into one PDF).**



Information icons have '**GREEN**' borders and '**BLUE**' circles.



Use the 'Save' icon to save the form as a fillable PDF file. **Please do not 'Print to PDF' or scan a hard copy of this form.**



Use a **Digital Id Signature** when signing this Form.



Click the '**YELLOW**' button to pause routing of this document, and identify any modifications that may be needed.



Click the '**GREEN**' button to send this document to the next reviewer.

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## AWARDED PROJECT DATA

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### BASIC INFORMATION

1. Project Title:
2. LCSC Account Number:
3. OGC Tracking Number (If Available)

### PERFORMANCE PERIOD

4. Start Date:
5. End Date:

### PRIMARY SPONSOR

6. Primary Sponsoring Organization Contact Information.  
Name:  
Website:

### SUB-SPONSOR (If Applicable)

7. Sub-Sponsoring Organization Contact Information.  
Name:  
Website:

### PERSONNEL

8. Please select the type of personnel change you are requesting:  
A reduction of time devoted to the project by key personnel (e.g., PI/PD, Co-PI/  
PD, etc.)?

Key Personnel Name:

Office e-Mail:

Office Phone:

Original effort commitment:

New requested effort commitment:

A replacement of key personnel (PI/PD, Co-PI/PD, etc.)?

Role to be replaced:

Person to be replaced:

Name:

Office e-Mail:

Office Phone:

Replacement person:

Name:

Office e-Mail:

Office Phone:

9. Please provide a justification for the personnel change.

**ROUTING & APPROVALS**

**Note:** The preparer of this document is responsible for identifying all needed e-mail address. Please do not 'Print to PDF' or send a scanned copy of this form for signature routing.

Is someone other than the PI/PD or the PI/PD's Supervisor preparing this form (e.g., administrative assistant, etc.)?

- NO
- YES

I certify I have reviewed this Closeout Form and its attachments, and the information provided is complete and accurate, and any concerns and questions I have regarding this Closeout Form have been adequately addressed by the PI.

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Signatory/Approver	LC State e-mail	Digital ID Signature	Action	
			Disapprove	Approve
Administrative Assistant, etc.:				
PI/PD				
PI/PD Supervisor:				

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**GRANTS AND CONTRACTS OFFICE USE ONLY**

Date Received:

Received By:

Unique ID:

Date      Account      Number      Personnel Change ID

**Action**

Approve

Modifications Needed for Approval

Explanation:

Notes:

Action taken by:

File Name: