San Francisco Department of
Early Childhood

DEC Personnel Change Request Form

Invoice Policy Guide - advance approval for applicable personnel changes

Submit before implementing or invoicing a personnel cost change that requires DEC approval. Personnel changes must align with the approved grant budget. Attach the organizational authorization authority and supporting documentation. Approval of a change does not increase the total DEC award unless separately modified.

Request Information

Grantee Name		**Grant/Program**	
Requested by		**Requestor Email**	
Request Date		**Proposed Effective Date**	

Type of Personnel Change

- ☐ New / additional staff
- ☐ Replacement staff
- ☐ Position/title change
- ☐ FTE increase/decrease
- ☐ Hourly/salary rate increase/decrease
- ☐ Staffing structure change
- ☐ Loss/vacancy of staff
- ☐ Other personnel change

Employee / Position Information

Employee Name		**Position / Title**	
Current FTE		**Proposed FTE**	
Current Hourly/Salary Rate		**Proposed Hourly/Salary Rate**	
Current DEC Budget Amount		**Projected DEC Personnel Cost**	
Duration		**Shared Funding Sources**	

Required Supporting Documentation

- ☐ Board minutes / board authorization
- ☐ Employee handbook / compensation policy
- ☐ Collective bargaining agreement / salary schedule
- ☐ Current approved DEC budget / personnel line
- ☐ Fringe Benefit Change Request attached, if applicable
- ☐ Other authorization/support attached

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Rationale for Change

Explain why the change is necessary, the authorization authority, and whether it is temporary or permanent.

Grant / Program Impact

Explain how the change affects grant staffing, service delivery, FTE allocation, and deliverables.

Budget & Allocation Impact

Explain the fiscal impact, allocation across funding sources, and whether a budget revision is needed.

Grantee Certification

- ☐ The requested personnel change is authorized under the organization's established written policies or other documented authority.
- ☐ The request is not a one-time temporary salary/fringe increase prohibited by DEC policy.
- ☐ I understand DEC approval does not increase the total grant award unless a separate modification is approved.

Authorized Requestor Name/Title: Date:

Department of Early Childhood (DEC) Determination

☐ Approved ☐ Approved with Conditions ☐ Denied **Approved Amount:**

Budget Revision / Modification Required?	☐ Yes ☐ No	**Approval / Effective Date:**	

Conditions / Limitations / Reason for Denial:

Program Officer/Manager Name: Signature / Initials: Date: