

Facility:	Vendor #:	Date:
Contact:	Title:	Phone:
Reason for Request:		Effective date of the change:

Average daily consumer enrollment _____
 (Include ALL consumers for ALL WAC programs)

Proposed New Positions

Title	Full Time	Part Time %	Est Hire Date	Estimated Annual Expense		
				Gross	Tax/FB	Total

ADDITIONAL ANNUAL PERSONNEL COSTS _____
 (Attach Tab A showing cost distribution)

STAFF CHANGES DUE TO ADJUSTMENT IN SUBSIDIES:

Current Positions

Title	Current Annual Gross	Source of Subsidy	Current Annual Subsidy	Current Net Annual Expense		
				Gross	Tax/FB	Total

CURRENT ANNUAL COST _____

Subsidy Adjustment:

Title	Current Annual Gross	Date Subsidy Changed	New Annual Subsidy	Revised Net Annual Expense		
				Gross	Tax/FB	Total

NEW ANNUAL COST _____

NET ADDITIONAL ANNUAL COST _____

(Attach Tab A showing cost distribution)