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**The Governor’s Office of Volunteer Services (G****OVS)**

Slot Conversion/Slot Addition Request Form

In compliance with the 2011 guidelines issued by the Corporation for National and Community Service, it is the policy of the GOVS to proactively manage member slots to maximize awarded grant allocations and the impact of service potential to more flexibly manage AmeriCorps portfolios to meet local needs. This is accomplished through the requirement of the following:

* All requests must come to the GOVS via this form
* Each request is reviewed on a case by case basis
* The program is **not to convert currently enrolled members to a lesser-­term status to provide a pro-­rated education award** if the member would otherwise be released for cause or abandon service.
* The program is **not to convert a slot to a lesser term slot at the end of a member’s term of service in order to award a pro-­rated education** award when the member has not completed the hours required by their original term’s member agreement.
* GOVS policy: unfilled slots as of the 91st day of the program year that are not designated for summer programming are subject to a lesser required service hour slot (e.g. full-time to less-than-full-time) conversion if the subgrantee plans to utilize the slot during the grant year
* AmeriCorps State programs are allowed to replace any member who terminates service as long as the member:
* Terminates before completing 30% of his/her term of service (see CPC vs. Cause Flowchart)
* Is not eligible for a Segal Education Award or does not receive a pro-rated Segal Education Award

**INSTRUCTIONS:**

This form is to be completed by Program Staff and submitted to your Program Point of Contact at the GOVS

*Note the request must be approved before making the conversion/additions. Allow at least five business days for approval.*

**Name of Program:** Click here to enter text.

**Date of Request:** Enter date here.

**Program Staff Completing Form:** Click here to enter text.

**Requesting:**  Conversion or  Addition

**Reason for Request:** Click here to enter text.

**Effective date if Approved:** Enter date here. **Anticipated Members Start Date:** Enter date here.

**SLOT CONVERSION REQUESTED**

**Slot Conversion Chart:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Term Options for Members** | **Service term minimum hours** | **MSY Value** | **1 MSY converts to no more than...** | **MSY equivalent** | **# of weeks needed to complete term if serving 40 hrs./wk.** | **# hours/week required if term of service is 1 yr.(52 wks.)** |
| **Full-time** | 1,700 | 1.00 | ── | ── | 42.5 weeks | 33 hrs. wk. |
| **Three-quarter-time** | 1,200 | 0.70 | No conversion | 0.7 MSY | 30.0 weeks | 23.1 hrs./wk. |
| **Half-time** | 900 | 0.50 | 2 slots | 0.5 MSY | 22.5 weeks | 17.5 hrs./wk. |
| **Reduced-half-time** | 675 | 0.381 | 2 slots | 0.38 MSY | 17 weeks | 13 hrs./wk. |
| **Quarter-time** | 450 | 0.265 | 3 slots | 0.265 MSY | 11.25 weeks | 9 hrs./wk. |
| **Minimum-time** | 300 | 0.212 | 4 slots | 0.212 MSY | 7.25 weeks | 6 hrs./wk. |

**Sample Slot Conversion Calculations:**

1 FT may be converted into 2 HT positions **✓-** Good Conversion (2 x .50 = 1 MSY) Equal to 1 MSY/FT

1 FT may **not** be converted into 4 QT positions **X -** Bad Conversion (4 x .0.265 = 1.06 MSY) Not Equal to 1MSY/FT

**Enter Slot Conversion Calculation Here:** Enter text here.

**Member(s) and conversion, if member(s) are enrolled in slots (if applicable):** Click here to enter text.

**Total MSY Converted:** Click here to enter text. **Total MSY Addition Requested:** Click here to enter text.

**Explain how members will receive adequate training**: Click or tap here to enter text.

(Explain how the members will receive adequate training, be provided ample service opportunities to complete their service term by program year end, and how program staff has or will have capacity to manage additional members.)

**Will the requested conversion affect the approved program budget?** **Yes:  No:**

**If so, how?** Click here to enter text.

**Budget Revision Required:** **Yes:  No:**

**If yes, what line item(s):** Click here to enter text.

***For the use of AL State Service Commission Staff:***

Approval for member slot conversion/addition is hereby granted by the Program Officer; request is complete and no further information is needed.

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| --- | --- | --- |
|  |  |  |
| *Program Officer Signature* |  | *Date* |

Approval for member slot conversion/addition is hereby granted by the Fiscal Officer; request is complete and no further information is needed.

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| --- | --- | --- |
|  |  |  |
| *Accountant Signature* |  | *Date* |

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| --- | --- |
| **Additional Commission Notes/Comments:** |  |
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If you have questions, p*lease contact the GOVS at (334) 242-1565 or email Cesily.Means@ServeAlabama.gov.*