DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
HIV/AIDS, HEPATITIS, STD AND TB ADMINISTRATION

Personnel Schedule Amendment

Organization Name _____

HAHSTA Grant ID _____

Grant Budget Period _____ to _____

	REMOVE	ADD
Employee Name		
Employee Title		
FTE % on Grant		
Budgeted Salary		
Expended Salary		
Budgeted Fringe		
Expended Fringe		
Effective Date		
Service Area(s) Affected:		

☐ **Resume is attached.** *Your request WILL NOT be processed without a current resume for the employee ADDED to the budget.*

This form must be signed by the Chief Executive Officer/ Executive Director/Authorized Designee

Name and Title _____

Signature _____ **Date** _____

Revised 07/2026