**2023-2024 AmeriCorps**

**Slot Conversion Request Form**

This form is to be submitted to your program officer. Please allow at least five business days for approval. If approved, the program officer will make the conversion in eGrants.

Conversion request must not increase the total MSY for the program. The program understands that in some cases, the total MSY may be less after the conversion is complete.

|  |  |  |
| --- | --- | --- |
| **1.** | Name of program: |  |
| **2.** | Date of request: |  |
| **3.** | Program contact person: |  |
| **4.** | Reason for conversion: |  |

**Use the following table to determine MSY amounts:**

|  |  |  |
| --- | --- | --- |
| **Member Slot Type** | **Minimum # of Hours Required** | **MSY Calculation** |
| Full-time | 1,700 | 1.000 |
| Three-Quarter Time | 1,200 | 0.700 |
| Half-time | 900 | 0.500 |
| Reduced Half-time | 675 | 0.3809524 |
| Quarter-time | 450 | 0.26455027 |
| Minimum-time | 300 | 0.21164022 |
| Abbreviated-time | 100 | 0.0705474 |

**Slot Conversion Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Original Slots** | | **Proposed Slots** | |
| FT |  | FT |  |
| TQT |  | TQT |  |
| HT |  | HT |  |
| RHT |  | RHT |  |
| QT |  | QT |  |
| MT |  | MT |  |
| AT |  | AT |  |
| **Original Total MSY** | | **Proposed Total MSY** | |
|  | |  | |

|  |  |
| --- | --- |
| Approved by: |  |
| Date processed in eGrants: |  |

Program Official Signature Date