

# ATTACHMENT 22: KEY STAFF REPLACEMENT FORM

## Key Staff Replacement Form

CONTRACTOR NAME:			Date:
Agreement Number:		Project Name:	
Key Staff to be Added	Key Staff Replaced	Proposed Effective Date	Key Staff Position
Reason for Substitution/Comments:			
<ul style="list-style-type: none"><li>• Proposed Key Staff Qualifications Attached</li><li>• Proposed Key Staff Qualification Form/Resume Attached</li></ul>			
<b>State Acceptance</b>		<b>Contractor Acceptance</b>	
Printed Name of Authorized Representative:		Printed Name of Authorized Representative:	
Signature of Authorized Representative:		Signature of Authorized Representative	
Title:		Title:	
Contact Information (phone number & email address):		Contact Information (phone number & email address):	

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