

ATTACHMENT 17: 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:			
• Proposed Key Staff Qualifications Attached • Proposed Key Staff Qualification Form/Resume Attached			
State Acceptance		Contractor Acceptance	
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):	

