

EXHIBIT L: KEY STAFF REPLACEMENT FORM

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Contractor Name:			Date:
Agreement Number:		Project Name:	
Key Staff Position:		Effective Date of Replacement:	
Key Staff to be Replaced:		Key Staff to be Added:	
Name:	Hourly Rate:	Name:	Hourly Rate:
	\$		\$
Replacement Staff Additional Information:			
Phone:	Email:	Resume Attached: ☐ Yes ☐ No	Experience Worksheet Attached: ☐ Yes ☐ No
Reason for Substitution / Comments:			
Proposed Key Staff Qualifications – See ATTACHMENT 16.X: [ROLE] QUALIFICATIONS FORM			
APPROVAL:			
Changes identified above are in accordance with the terms and conditions of the Contract. By signing below, the Vendor Official has confirmed that the proposed staff meets the personnel classification requirements and any requirements listed in the Statement of Work (SOW). The State Contract			

January 14, 2026

Administrator's signature below indicates that he/she has confirmed that the proposed personnel staff meets the requirements listed in the SOW.

State Acceptance	Contractor Acceptance
Printed Name of State Contract Administrator:	Printed Name of Vendor Official:
Signature of State Contract Administrator:	Signature of Vendor Official:
Title:	Title: