



**FRM – 105A
Change of Project Site Staff Form**

SITE STAFF: COMPLETE FORM AND RETURN BY EMAIL TO WSC

Member Name: _____

Sponsoring Organization: _____

Project Site (if different than sponsoring organization) _____

Effective date: _____

The Project Site Staff for this member will be:

<u>Primary Site Staff</u>	<u>Backup Site Staff</u>
Name: _____	Name: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
<ul style="list-style-type: none"> • I agree to take on the responsibility of primary site staff for this WSC AmeriCorps Member. • I will complete the supervisor trainings on the WSC website within 5 business days • I understand the responsibilities of this position as required in the Member Service Agreement, the Memorandum of Understanding, and all WSC Policies. 	<ul style="list-style-type: none"> • I agree to take on the responsibility of backup site staff for this WSC AmeriCorps Member. • I will complete the supervisor trainings on the WSC website within 5 business days. • I understand the responsibilities of this position as required in the Member Service Agreement, the Memorandum of Understanding, and all WSC Policies.
X	X
Primary Site Staff Signature	Backup Site Staff Signature

Name of Project Site Staff who will approve member timesheets _____

Name of Project Site Staff who will submit quarterly reports _____

<p><u>Member:</u></p> <p>I understand that the Project Site Staff listed in my Position Description Form has changed as noted above. I further understand that the rest of the Position Description Form remains in effect as it is currently written.</p> <p>X</p> <p align="center">Member Signature</p>
