

**OFFICE OF POLICY AND MANAGEMENT
ADULT CRIMINAL JUSTICE GRANT MANAGEMENT**

BREAK IN SERVICE REPORTING FORM
This form is due to OPM within 10 days of a break in service

Agency Name:

Agency Address:

Project Name:

Contact Name:

Contact Phone:

Email Address:

Staff Person Requiring Break:

Date Break in Service to: Begin End

Reason for Break in Service (extended termination, vacation, illness etc.):

Will this position be covered? : _____ Yes _____ No

Explain the extent of coverage and who will be covering this position:

If coverage is provided, how will the break in service vacancy be funded?

_____ Other staff funded by this project will fill in and work overtime. Cost will be charged to the grant.

_____ Other staff funded by this project grant will fill in during regular work hours without overtime costs incurred.

_____ Other staff not funded by this project will fill in and the project agency will incur .

_____ The staff person leaving will be permanently replaced under the terms of the project grant.

To insure continuity of services, in the event that a project employee is unable to provide these services, or is otherwise unavailable for more than ten (10) consecutive business days, the contractor must:

1. Notify OPM of the expected duration of the absence as soon as the contractor knows that a break-in-service will occur and include an action plan for the continuation of services at contract levels using forms provided by OPM.
2. During the time of the employee's absence, the contractor must provide services as outlined in the contract.
3. In the event of a vacancy, the contractor will make a good faith effort to provide a substitute to ensure the continuation of services until the position is staffed again.
4. Provide continuing information to OPM regarding any such break in service and the contractor's efforts to limit the duration of the break in service

Executive Program Director

Date