	Office of Victim Services
Victim Assistance Programs Fiscal Year July 1, 2015 to June 30, 2016	
	Break In Service Report
Agency name:	
Program name:	
Person completing the Report:	
Staff person:	
Job title:	
Beginning date of break:	Expected end of break:
Date vacant postion was filled:	
Reason for break in service (extended vaca	ation, illness, medical leave, resignation, etc.):
Please explain coverage for this position, in	icluding name(s) of staff that will be providing coverage during the break:
charged to the grant.	icancy is funded: ill in and work overtime or receive additional compensation, costs will be reak in service is for a vacancy due to resignation or unpaid leave.)
Other OVS funded project staff f charged to the grant. (Note: This applies only when the b	ill in and work overtime or receive additional compensation, costs will be
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Other OVS funded project staff f charged to the grant. (Note: This applies only when the b Other OVS funded project staff f additional costs are incurred. Other non-OVS funded project s	ill in and work overtime or receive additional compensation, costs will be areak in service is for a vacancy due to resignation or unpaid leave.) ill in and provide coverage under existing work hours. No staff fill in, costs will be charged to other agency funds. staff fill in, costs will be charged to the grant. areak in service is for a vacancy due to resignation or unpaid leave.)
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OVS regarding any such break in service and the contractor's efforts to limit the duration of the break in service.

Executive/Program Director

Date

Due Date: A break in service form is due to OVS within ten business days of the beginning of the break in service.