

# ABC STAFF CHANGE FORM

AGENCY INFORMATION	
AGENCY NAME	
TELEPHONE #	
ABC COORDINATOR	
EMAIL	

STAFF INFORMATION	
STAFF NAME	
POSITION	
SITE NAME	
CLASSROOM	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> OTHER _____

## CHANGE REQUESTED

- Add
- Terminate
- Transfer to \_\_\_\_\_
- Change position to \_\_\_\_\_

## ABC PROGRAM SPECIALIST

- Kelly Alexander
- Sherrill Archer
- John Barron
- Deborah Blackburn
- Tassie McCollum

## ABC COPA SPECIALIST

- Lorria Eubanks
- Pamela Mellick

## MAILING INFORMATION

Please send to your COPA Specialist!

Division of Child Care  
P.O. Box 1437, Slot S160  
Little Rock, AR 72203

Fax: 501-683-0971

**\* MAKE SURE YOU HAVE UPDATED COPA PRIOR TO SUBMISSION \***  
**If you need assistance with this, please contact your COPA Specialist**

# ABC STAFF CHANGE FORM

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## **INSTRUCTIONS FOR COMPLETION**

### **Agency Information:**

Agency Information – Must be same information that is on the Grant Agreement.

### **Staff Information:**

Name – Name as entered in COPA

Current Position – Lead Teacher, Teacher or Paraprofessional

Site Information – Specific site information at which the staff person is located.

Classroom – Indicate the classroom

### **Change Requested: (check only one box)**

Add – When new staff have been hired into the ABC program

Terminate – When existing staff no longer work in the ABC program

Transfer to – Indicate the classroom or location the staff member will now be located.

Change position to – Indicate the position the staff member will now be employed.

When completed, please send this form to your COPA Specialist!