

Staff Change Notification Form

Service Providers must inform the MN Department of Commerce (Commerce) in a timely manner of changes in leadership or key staff, as well as program or operational changes. Complete this form and email to weatherization.commerce@state.mn.us

**Required Field*

1. Service Provider Name* _____

2. Employee Name* _____

3. Employee Title _____

4. Email Address* _____

5. Phone Number _____

6. Type of Staff Change*

Departure (Complete 1-5) Employment End Date: _____

New Employee Employment Start Date: _____

Title/Information Change (Complete 1-5)

7. Learning Management System (LMS) Access Needed? Yes No

8. Commerce Communication Types Wanted

Weekly Email (Announcements, policy clarification, funding opportunities, training information)

WAP Wire (Official Announcements)

Training

Fiscal

9. BPI Certification Number (if applicable)* N/A _____

10. BA-T Expiration Date: _____

12. EA Expiration Date: _____

11. BA-P Expiration: _____

13. QCI Expiration Date: _____

14. List Training Needs Here:

Notes:

For Commerce Use Only

- Contact List updated
- QCI list updated
- Set up/removed from LMS
- Communication sent to employee
- Form saved in SP email folder