**CHANGES IN STAFFING REPORT FORM**

| **FIRM NAME:** |  | | | | | **JURISDICTION:** |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **APS/APGRB** |  | **CINA/TPR** |  | **Contract Period (Month/Year):** | |  | **Page    of** |

| **Title of Position** | **Name of Staff** | **Type of Position\*** | | **% of Time Dedicated to Contract Work in this Jurisdiction** | **Actual Hours Worked this Month** | **Monthly**  **Compensation Amount $** | **Dates**  **Resignations or Terminations** | **Complaints** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DR** | **OH** |  |  |
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**I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information, and belief. \*DR – Position providing Direct Legal Representation OH – Position considered as Overhead**