ROSTER OF PERSONNEL
COUNTY MENTAL HEALTH
AND MENTAL RETARDATION PROGRAM

COUNTY PROGRAM

PERIOD

from to

COST CENTER	NAME	TITLE	HOURS PER WEEK	TOTAL SALARY		SALARY ELIGIBLE FOR STATE PARTICIPATION	
				ANNUAL RATE	SALARY PAID	ANNUAL RATE	SALARY PAID
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)