

## INSTRUCTIONS FOR MH/MR 15-A PERSONNEL ROSTER

The MH/MR 15-A is a report that lists all personnel employed for all, or any part of a fiscal year.

- (1) **COST CENTER:** Identifying funding source (i.e. MH, MR, or both).
- (2) **NAME:** List full name of incumbent of position. List vacancies on separate lines.
- (3) **TITLE:** List MCR assigned classification.
- (4) **HOURS WORKED:** List approved number of hours worked per week. Hours should include only those eligible for MH/MR participation.
- (5) **ANNUAL RATE:** List annual agency set reimbursement for position.
- (6) **SALARY PAID:** List annual salary to be paid by agency during the fiscal year (i.e. 7/1/90 – 12/31/90 at \$10,453 and 01/1/91 – 06/30/91 at \$10,975 = \$10,714 to be listed in #6).
- (7) **ANNUAL RATE:** List MH/MR eligible rate for position.
- (8) **SALARY PAID:** List eligible MH/MR reimbursement to be paid during the fiscal year. This amount should not include disallowed costs or pro rated costs to other non-related MH/MR services (i.e. Aging, D&A, PIC, etc.). Only salaries paid eligible for state participation are to be included on budgets submitted.

TOTALS: Compute the total salary listed in Columns 6 and 8 and report in the appropriate space provided.

PAGE NUMBERS: If more than one page is required to list employees, number each page consecutively (1 of 3, 2 of 3, etc.).

SUBMISSION: The MH/MR 15-A is submitted to the County Program on a monthly basis, or as requested.