

**ROSTER OF PERSONNEL
COUNTY MENTAL HEALTH AND
INTELLECTUAL DISABILITIES 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)
TOTAL					\$ -		\$ -