

HOUSING PROVIDER STAFFING SCHEDULE

Please attach to your operating budget.

Housing Provider	Estate No.	Block No.

Please list all paid positions, either full-time or part-time.

Position Title	No. of Positions	Annual Salawy/Wagag	Annual Benefits	Total
		Salary/Wages		
Grand Totals				

NOTE: GRAND TOTAL OF SALARY/WAGES AND BENEFITS MUST EQUAL AMOUNTS PROPOSED IN OPERATING BUDGET.