

STATE OF CALIFORNIA

Administration				Scheduled hours						
Name	Function*	License Number	Total hours per week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Medical Services				Scheduled Hours						
Name	Function*	License Number	Total hours per week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Counseling Services				Scheduled Hours						
Name	Function*	Caseload	Total hours per week	Mon	Tue	Wed	Thu	Fri	Sat	Sun

*If a staff member performs more than one role, specify the number of hours spent in each role. For example: a staff member serves as both a dispensing nurse and as a counselor. Under medical services list the staff member and the number of hours devoted to dispensing medication **and** under counseling services list the staff member and the number of hours devoted to counseling services