

**STATE OF CALIFORNIA**

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