ARRA FUNDED STAFF - FTE COUNT

County Agency:	

Child Support Staffing		Period Worked		Fill-In FTE Percentage			
Employee Name	**Position**	**From**	**To**	**Employee Retained FTE %**	**Temp New Hire FTE %**	**Perm New Hire FTE %**	**CSA or Coop Agy**

CSA Contact Name	

CSA Contact Title	

CSA Contact Phone #	

CSA Contact Signature	

Date Signed	