Partially Federally Funded Staff Form for the 2009-2010 School Year

See reverse for instructions

LEA Name: [1] _____

Service Provider Name [2]	Specialty	Total Salary [3]	Total Benefits [4]	Total Hours [5]	Salary State/Local Portion [6]	Benefits State/Local Portion [7]	Hours State/Local Portion [8]
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	
		$	$		$	$	

Please attach this form to the *SBAP Direct Services Cost Worksheet*, and submit both forms to Leader Services via fax: (570) 455-4526 or mail: P.O. Box O, Hazleton, PA 18201-0058.

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