Salary Detail

Agency _____

Period Covered _____

Service/Facility _____

1	2	3	4	5	6	7	8	9
Name of Staff Person	Position/ Title	FTE	% Time Spent on Service/ Facility	Total Annual Salary	Salary Charged to Service/ Facility	Salary Paid from Other Sources	Program $	Administrative $
Totals								
							a	*b*

a Enter the total from this column on line 1a of the DSCYF Budget Form

b Enter the total from this column on line 7a of the DSCYF Budget Form

Revised 03/19/2002