



# CCCA/PSA Staff Information Form

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## INSTRUCTIONS

Please provide the following agency staffing information for all positions in your agency regardless of funding source (federal, state grant funds or local funds including fees) or status (filled / vacant). If the position is vacant put "vacant" for the name. Use additional pages if necessary.

1. Indicate the working title used by your agency.
2. Please indicate whether the position is fulltime or part-time based on your agency definition.
3. Please indicate the total hours worked per year in this position – do not include overtime (2080 maximum).
4. Please indicate the **primary** funding source for the position:
  - a. CCCA/PSA grant funds
  - b. Local funds (including supervision fees)
  - c. Federal funds
5. Please indicate whether this position requires that the employee take the oath of office.
6. Indicate the position/employee's **primary** area of responsibility:
  - a. Probation
  - b. Pretrial
  - c. Dual Probation/Pretrial
  - d. Other, specify
7. Indicate the position/employee's **primary** functional role (supervision and investigation responsibilities refer to probationer/defendant, not staff):
  - a. Supervision only
  - b. Investigation only
  - c. Supervision and Investigation **equally**
  - d. Intake only (no supervision responsibilities)
  - e. Administrative support (no supervision or investigation responsibilities)
  - f. Staff supervisor (little or no supervision or investigation responsibilities)
  - g. Director/Coordinator (little or no supervision or investigation responsibilities)



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Name:		
Title:		
<input type="checkbox"/> Full-Time (FT)	<input type="checkbox"/> Part-Time (PT)	Annual Hours:
Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		
Name:		
Title:		
<input type="checkbox"/> Full-Time (FT)	<input type="checkbox"/> Part-Time (PT)	Annual Hours:
Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		
Name:		
Title:		
<input type="checkbox"/> Full-Time (FT)	<input type="checkbox"/> Part-Time (PT)	Annual Hours:
Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		
Name:		
Title:		
<input type="checkbox"/> Full-Time (FT)	<input type="checkbox"/> Part-Time (PT)	Annual Hours:
Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		
Name:		
Title:		
<input type="checkbox"/> Full-Time (FT)	<input type="checkbox"/> Part-Time (PT)	Annual Hours:
Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		



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Primary Area of Responsibility:		Other:
Primary Functional Role:		
Name:		
Title:		
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Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		
Name:		
Title:		
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Primary Area of Responsibility:		Other:
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Name:		
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Primary Funding Source:		Position Requires Oath of Office: <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Area of Responsibility:		Other:
Primary Functional Role:		