Proposed Program Budget	Worksheet 1			**TIME ALLOCATION WORKSHEET**							
AGENCY NAME:											
Please enter the names of all support and line staff that will be charged to HSD programs.											
Enter the percentage of time each position will spend in each program. Express the percentage of time as a decimal. For example, John Doe will spend 8 hours a week in Program X.											
In the Program X column, enter .20 beside John's name. (8hr x 52 weeks = 416. Divided by 2080, = .20)											
			Personnel by Program FTE Equivalent Allocation								
				Enter Program Name		Enter Program Name		Enter Program Name		Enter Program Name	
Name	**Position**	**Annual Salary**	**Total FTE**	Direct Staff FTE	Admin/Clerical/ Supervision	Direct Staff FTE	Admin/Clerical/ Supervision	Direct Staff FTE	Admin/Clerical/ Supervision	Direct Staff FTE	Admin/Clerical/S upervision
TOTAL		$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
For definitions of salaries to be charged to the programs, please see Appendix B : Line Item Descriptions											