Leased Location Staff Assessment

Page No.

Department/Agency _____ **DHMH**
Leased Location _____
Prepared by _____
Phone/E-Mail _____
Date Prepared _____

Employee Name	*PIN Number*	*Position Title*	*Grade*	*Full Time*	*Part Time*	*Comments*
Grand Total of all Pages						

Note:
Indicate non-agency staff **
Indicate vacant PINS with ***

Approved and Certified Correct by:_____
Name and Title:_____