

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
 SUBSTANCE ABUSE PREVENTION AND CONTROL
CENS STAFFING PLAN

PROVIDER NAME: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____

Month & Year _____

| | CENS STAFF NAME | CO LOCATION | START DATE | TERMINATION DATE | EMAIL | PHONE NO. | WORK SCHEDULE |
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