**Please use this form to list all employees funded in whole or in part by federal funds under ESEA and submit to ODE for monitoring purposes.**

**District Name:**

**School Year:**  ***Check only one box per employee***

| **Staff Name** | **Type of Position (Administrative, Teacher, Paraprofessional)** | **Federal Program Funding Source(s)** | **Position only funded by a single federal source** | **Position funded by multiple sources (federal or general)** |
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