



## SUPPORT STAFF SUPPLEMENT

Firm Name:	
Policy Number:	

1. Please indicate the number of full time staff (excluding attorneys)? \_\_\_\_\_
2. Please indicate the number of part-time personnel (excluding attorneys)? \_\_\_\_\_

	Title	Duties	If <b>part-time</b> personnel how many hours are worked per week?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

*Attach additional sheets if necessary.*