**Facility Employee Roster**

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| **Please fill out a Facility Employee Roster for each location** | **Date Completed (M/D/Y):** |  |

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| **Facility Name:** | | **Facility Address (city/state/zip):** | |
| **Do you use the same staff for Respite for this location (indicate yes or no)?** | | | |
| **Employee Name** | | **Date of Hire (Month/Day/Year)** | **Position Title** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |
| 15. |  |  |  |