**Facility Employee Roster**

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

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **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. |  |  |  |