

Return completed data form to **South Madison Coalition of the Elderly**
 128 E. Olin Ave., Suite 110
 Madison, WI 53713

Date Survey Completed: _____

Licensee name _____
 Facility name _____
 Facility address _____
 Name of Person Completing this Survey _____ Phone: _____
 E-mail address _____ FAX: _____

<i>Payroll Period for these Employees</i>	_____ Weekly
	_____ Bi-Weekly
	_____ Twice-Monthly
	_____ Monthly
	_____ Other (specify)

Number of Residents during Payroll Survey Period:

	If a single employee has more than one job classification, please separate hours in the appropriate columns	Current Job Classification					Hours Worked by Shift			Payroll Period that includes May 29, 2009
		Direct Care	RN On site	Activity On site	Manager On site	Other (Specify)	Day	Eve	Night	
	Employee Name (first name and last initial)									
1										
2										
3										
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Number of Residents during Payroll Survey Period:

	If a single employee has more than one job classification, please separate hours in the appropriate columns	Current Job Classification					Hours Worked by Shift			Payroll Period that includes May 29, 2009 Total Hours Worked On Site
		Direct Care	RN On site	Activity On site	Manager On site	Other (Specify)	Day	Eve	Night	
15										
16										
17										
18										
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	Employee Name (first name and last initial)									
29										
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43	Employee Name (first name and last initial)									
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57	Employee Name (first name and last initial)									
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