

Employee List (sample form)

ASSISTED LIVING PROVIDERS

Current employee names (including contracted and licensed staff), titles, and hire dates must be given to Minnesota Department of Health surveyors upon request. Providers may use this form or their own.

Provider Name:

HFID:

Date:

Employee Name	Job Title	Date of Hire	Contact Phone Number

State Evaluations
Health Regulation Division P.O. Box 3879 St. Paul, MN 55101
Phone 651-201-4200 | Fax 651-215-9697
Assisted Living (<https://www.health.state.mn.us/facilities/regulation/assistedliving/index.html>)

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To obtain this information in a different format, call: 651-201-4200.