Reset Form

TASK 5F

EMPLOYEE RECORDS
SLO Facilities

State Form 53877 (R2 / 3-18)
INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF LONG TERM CARE

Facility label
Date *(month, day, year)*

FACILITY COMPLETES COLUMNS A, B, AND C. MAKE ADDITIONAL COPIES AS NEEDED. Include all contractual consultants.

A. FULL NAME	B. JOB TITLE	C. START DATE *(mm/dd/yyyy)*		D. LICENSE OR CERT.	E. PRE-EMPLOYMENT SCREENING		F. HEALTH SCREEN	G. TB TEST				H. ORIENT.		I. JOB DESC.	J. TRAINING NEW HIRE / ANNUAL	
					Criminal	References		1st Step	2nd Step	Chest X-ray	Annual Risk Assessment	General	Specific		Resident Rights	Dementia
1.	Administrator															
2.	Licensed Nurse															
3.	Beautician															
4.	Pharmacist															
5.	Dementia Care Director															
6.	Registered Dietician															
7.	Activity Director															
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EMPLOYEE RECORDS
SLO Facilities *(continued)*

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A. FULL NAME	B. JOB TITLE	C. START DATE *(mm/dd/yyyy)*		D. LICENSE OR CERT.	E. PRE-EMPLOYMENT SCREENING		F. HEALTH SCREEN	G. TB TEST				H. ORIENT.		I. JOB DESC.	J. TRAINING NEW HIRE / ANNUAL	
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