

## Habilitation IDLA Staffing Schedule

Date: _____  Vendor Name _____  Site Address: (No., Street) _____  City _____ State ____ Zip Code _____  Vendor FEI _____ Occupancy _____  Billing Range _____ District _____  Start Date _____ End Date _____	<b>Residents</b>	<b>DDD Member ID</b>

DDD Funded Members \_\_\_\_\_ Non-DDD Funded Residents \_\_\_\_\_

Staff Hours		SUN	MON	TUE	WED	THR	FRI	SAT	Total
12 AM	1 AM								
1 AM	2 AM								
2 AM	3 AM								
3 AM	4 AM								
4 AM	5 AM								
5 AM	6 AM								
6 AM	7 AM								
7 AM	8 AM								
8 AM	9 AM								
9 AM	10 AM								
10 AM	11 PM								
11 AM	12 PM								
12 PM	1 PM								
1 PM	2 PM								
2 PM	3 PM								
3 PM	4 PM								
4 PM	5 PM								
5 PM	6 PM								
6 PM	7 PM								
7 PM	8 PM								
8 PM	9 PM								
9 PM	10 PM								
10 PM	11 PM								
11 PM	12 AM								
<b>Daily Totals</b>									
<b>FTE Calc</b>									

Comments

Vendor Representative \_\_\_\_\_ Date \_\_\_\_\_

Network Manager/Designee \_\_\_\_\_ Date \_\_\_\_\_