**Child Care Workforce Stabilization Employee Roster**
**(Form CCWS-E-1)**

**Provider Name: _____**
**Provider ID:__5000_____**

| **Employee Roster** | **Month:** _____ | **Year:** _____ | |
|---|---|---|---|
| **First and Last Name of Staff** | **Role** | **FT or PT** | **Hire Date** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |