



EXHIBIT A: Schedule of Existing Employees
Baseline Employment Report

Company Name: _____

Report Date (information as of): _____

Number of hours per week for Full Time (FT) employment: _____

Employment Position Job Title	Name of Employee	Date Hired	Check if Full Time	Check if Part Time	Number of hours per week

I certify that the information provided above accurately states the baseline employment of as of the date reported.

Certified by:
(type or print name legibly) _____

Signature: _____

Title: _____

Date submitted to DECD: _____