South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of
Long Term Health Care Administrators
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4544 • Contact.llr@llr.sc.gov • Fax: 803-896-4596
www.llronline.com/POL/LongTermHealthCare/

Documentation of Work Hours

Addendum to the Application for Licensure Employment Reference

- **Complete all sections of the form as they apply to you before returning it to the Board office.**

SECTION A. APPLICANT AND FACILITY INFORMATION

1. Applicant Name: _____
(first name/middle initial/last name)

2. Facility Name: _____ No. of Licensed Beds: _____

3. Facility Address: _____
(street number and name)
_____
(city, state, zip code)

4. Facility Telephone: _____

5. Facility Administrator: _____ License #: _____

6. Period of Employment: _____ to _____
start date *end date*

7. Mark one of the following:

☐ I worked part time during my period of employment. *(Complete Section B and skip Section C)*

☐ I worked a combination of part time and full time during my period of employment. *(Skip Section B and complete Section C)*

Section B. PART-TIME EMPLOYMENT

1. Shift(s) applicant worked:_____
2. Total number of part-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 2(a) or 2(b).

a. Employment of 12 months or less: _____

b. Employment of more than one year, list total hours per year:

Year _____ Hours _____
Year _____ Hours _____
Year _____ Hours _____
Year _____ Hours _____

3. Number of staff applicant supervised during shift(s): _____

Section C. COMBINATION OF PART-TIME EMPLOYMENT AND FULL-TIME EMPLOYMENT

1. Period(s) of part-time employment: _____ to _____
_____ to _____
_____ to _____

2. Shift(s) applicant worked during part-time employment:_____

3. Total number of part-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 3(a) or 3(b).

   a. Employment of 12 months or less: _____
   b. Employment of more than one year, list total hours per year:
      Year _____ Hours _____
      Year _____ Hours _____
      Year _____ Hours _____

4. Number of staff applicant supervised during part-time employment: _____

5. Period(s) of full-time employment: _____ to _____
_____ to _____
_____ to _____

6. Shift(s) applicant worked during full-time employment:_____

7. Total number of full-time hours worked during peak hours (7 a.m. to 7 p.m.), answer 7(a) or 7(b).

   a. Employment of 12 months or less: _____
   b. Employment of more than one year, list total hours per year:
      Year _____ Hours _____
      Year _____ Hours _____
      Year _____ Hours _____

8. Number of staff applicant supervised during full-time employment: _____

SECTION D. APPLICANT VERIFICATION

I hereby swear and affirm that the information submitted on this form is, to the best of my knowledge, complete and accurate. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for denial of my application for licensure.

Applicant's Signature _____ Date _____

SECTION E. FACILITY VERIFICATION

I hereby swear and affirm that the information given by the applicant on this form is complete and accurate.

Administrator's Signature _____ Date _____