
FACILITY NAME

Effective _____, _____ has been appointed
Date Name

Manager with full authority to handle all business and administrative matters of this Home.

Effective _____, _____ has been appointed
Date Name

Assistant Manager with full authority to handle all business and administrative matters of this Home in the absence of the Manager.

Effective _____, _____ has been appointed
Date Name

Food Service Manager with full authority for the overall operation of the dietary department. The Food Service Manager works under the direction of the Manager.