

SNF REPORTING OF DIRECT CARE EXPENDITURES	PROVIDER CCN:		PERIOD : FROM _____ TO _____		WORKSHEET S-3 PART V	
OCCUPATIONAL CATEGORY	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries (col. 1 + col. 2) 3	Paid Hours Related to Salary in col. 3 4	Average Hourly Wage (col. 3 ÷ col. 4) 5	
Direct Salaries						
Nursing Occupations						
1 Registered Nurses (RNs)						1
2 Licensed Practical Nurses (LPNs)						2
3 Certified Nursing Assistants/Nursing Assistants/Aides						3
4 Total Nursing (sum of lines 1 through 3)						4
5 Physical Therapists						5
6 Physical Therapy Assistants						6
7 Physical Therapy Aides						7
8 Occupational Therapists						8
9 Occupational Therapy Assistants						9
10 Occupational Therapy Aides						10
11 Speech Therapists						11
12 Respiratory Therapists						12
13 Other Medical Staff						13
Contract Labor						
Nursing Occupations						
14 Registered Nurses (RNs)						14
15 Licensed Practical Nurses (LPNs)						15
16 Certified Nursing Assistants/Nursing Assistants/Aides						16
17 Total Nursing (sum of lines 14 through 16)						17
18 Physical Therapists						18
19 Physical Therapy Assistants						19
20 Physical Therapy Aides						20
21 Occupational Therapists						21
22 Occupational Therapy Assistants						22
23 Occupational Therapy Aides						23
24 Speech Therapists						24
25 Respiratory Therapists						25
26 Other Medical Staff						26

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