**[DEPARTMENT NAME]**

PHAB Site Visit Preparation: Staff Selection

|  |  |
| --- | --- |
| Domain Number |  |
| Domain Lead(s) Names |  |

Please provide a list of the program staff you have identified as necessary to attend the PHAB site visit on (Date) based upon documentation submitted to PHAB in your domain.

Deadline: Email to \_\_\_\_\_\_\_\_\_\_\_\_\_ by (Date), end of day.

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|  | Employee Name | Office or Program | Work Location |
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