



Alabama Massage Therapy Licensing Board  
P.O. Box 301011  
Montgomery, AL 36130-1011  
334-230-3999  
Toll free: 1-833-853-1260  
Fax: 1-334-353-9939

## Employer Quarterly Report

Name:

License Number:

Date Submitted:

### Report Submitted By

Name:

Phone:

Email:

### Employment Details

Date of Employment:

Establishment License Number:

Job Description:

**Do you have a copy of the Board Order?**      Yes      No

### Hours Massage Therapist Worked

Please enter the actual hours the LMT worked during each month of the quarterly reporting period:

Month 1:

Month 2:

Month 3:

### Job Performance

<b>Overall performance</b>	Satisfactory	Unsatisfactory
<b>Professional behavior</b>	Satisfactory	Unsatisfactory
<b>Relationships with peers/co-workers</b>	Satisfactory	Unsatisfactory
<b>Relationships with supervisor/administration</b>	Satisfactory	Unsatisfactory

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### Other Questions

Has the LMT been requested to drug screen by the employer in this reporting period?	Yes	No
Has the LMT been counseled/written up or disciplined at work this month for any reason?	Yes	No
Has the LMT reported to work impaired?	Yes	No
Have you received any complaints about the LMT during this reporting period?	Yes	No
Has the LMT had any issues with documentation of appointments?	Yes	No
Has the LMT been terminated from employment during this reporting period?	Yes	No

**Reason For Leaving, if applicable:**

**Date Last Worked:**

**Eligible for rehire?** Yes No

**Other Comments:**

**Employer Print Name:**

**Employer Signature:**

**Date:**

By my signature I acknowledge that this licensee has furnished this employing agency with a complete copy of the Order or Agreement containing the above Case Number and can abide by such terms.

**Please email completed forms to [monitoring@amtlb.alabama.gov](mailto:monitoring@amtlb.alabama.gov)**