

Attention aides,

Please fill out this weekly calendar to the best of your ability and turn it in to the office. The purpose of this form is to better inform the office staff of your work schedule so we can better accommodate both you and our clients. Here's what you need to mark:

- 1) Your name at the top of the page. If you are a family-only case, write "family only" next to it.
- 2) On hours that you see a client, put their initials on those hours (Please only use their initials- it helps us protect their identity.). If you do not see a client for the full hour, draw a line through the middle of that hour, and mark the half or quarter that you see your client.
- 3) On hours that you are willing to take more work, write "willing."
- 4) On hours that you are unavailable to work, draw an "X" on those hours.
- 5) Please use the notes section for other information that might affect your schedule.

IMPORTANT: If you take on a new client, lose a client, change the hours you see your current client, or your availability changes, you must update this form. You can find it in the "employee" tab of our website, at the top of the list of inservices. The web address is:

<https://www.helpinghandshomehealthofpocatello.com/employees/>

Download it on your personal computer so you can print and submit it as needed

