



IVR EXCEPTION FORM

Client Name: _____

Worker Name: _____

Date of Service: _____ / _____ / 2017
MM / DD / YYYY

Check in time: _____ AM / PM Check out time: _____ AM / PM

Activity Codes: _____

*Reason for missed check in/out:

Client Signature

Worker signature

* If unexcused missed clock in/out exceptions exceed 4 in 30 days the agency may, at its discretion, issue disciplinary action to the worker which includes verbal and written warnings and up to and including termination of employment, or the agency may notify the self-direct client that the worker is ineligible for continued payroll services through All Saints Home Care.

Office use only:
PROGRAM: _____