## Home: The purpose of this form is to ensure that direct care employees are paid in a timely manner for hours worked <u>outside of the regularly assigned shift for which they were hired to work</u>. Employees will not be paid for these hours Date: without the prior approval of their supervisor (Program Coordinator) and the Program Director. Therefore, all employees listed on this form should not have worked without first getting those approvals. Program Coordinator: Failure to accurately and completely fill out this form will lead to disciplinary action up to and including termination of employment. Reason for Employee Working Outside of Their Regular Assigned Shift (One of the codes in the legend provided below Start Time **End Time** Regular Assigned Work Location & Employee Name (First and Last) (AM/PM) (AM/PM) Codes for Reason for Employee Working Outside of Their Regular Assigned Shift: Completed by: (PROGRAM COORDINATOR) DATE 1 - Medical Appointment (Write Individual Name) 2 - Individual Didn't Attend Day or SE Program (Write Individual Name and Explain Why) 3 - Delay in Going to Day or SE Program (Write Individual Name and Explain Why) 4 - Working a Shift that No Staff Has Been Hired to Fill Yet (Write Shift Letter) 5 - Covering for Staff that is on an Approved Leave (Write Staff Name and Attach Leave Form) Approvals: (PROGRAM DIRECTOR) 6 - Covering for a Staff that Didn't Show up for Work (Write Staff Name and Attach Employee Warning) DATE 7 - Time/Attendance System not working 8 -Staff failed to clock in or out (Write Staff Name and Attach Employee Warning) (SENIOR ACCOUNTANT) DATE 9 -Staff was assigned to 'mentor' a new hire (DIRECTOR OF FINANCE) DATE

Center for Social Change, Inc.
Report on Exceptions to Master Shift Schedule