****ADVANCED CARE NORTHWEST

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| Employee Name: | | **Date:** | |
| Job Location: | Time In: | Time Out: | Total Hours: |
| Provide a Summary of Task Completed: ☐**Remote Work** (Work From Home. Admin Prior Approval Required) **☐ Additional Task Completed** | | | |
| Drop Box Paperwork Pick-Up & Delivery RN Visit Reformatting Paperwork Type Documents | | | |
| Schedule Audits POC Audit Mileage Log Audits Progress Note Task Audit Paperwork Delivery | | | |
| Progress Note Comment Audit Supply Delivery Training Other (Note Below) | | | |
| PTO On-Call Phones Day / NOC (Circle One)  Online Training  In-Office Training on Call Day / NOC (Circle One) | | | |
| **Payroll Review Only**  **Verified Paid** | | | |
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| I certify all information provided on this form is true and accurate.  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: | | | |

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