****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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