

Respite Connection, Inc.

Training/Meeting/Activity Note

Remember to document these hours on your timecard!

Employee Printed Full Name: _____

Employee Signature: _____

Date (month/day/year): _____ Total # of Hours: _____

Start Time: _____ AM PM End Time: _____ AM PM

Please select type of training or activity:

- | | |
|--|--|
| <input type="checkbox"/> Child Abuse for Mandatory Reporters (limit 2.5 hours) | <input type="checkbox"/> Fraud Prevention (limit 30 min.) |
| <input type="checkbox"/> Dependent Adult Abuse for Mandatory Reporters (limit 2.5 hours) | <input type="checkbox"/> SCL Training (limit 30 min.) |
| <input type="checkbox"/> Workplace Violence Prevention Training (limit 30 min.) | <input type="checkbox"/> Brain Injury Waiver Training (limit 1 hour) |
| <input type="checkbox"/> Orientation (limit 2 hours) | <input type="checkbox"/> Annual Review Meeting w/Supervisor |
| <input type="checkbox"/> Mandatory Topics Worksheet (limit 15 min.) | |

Activity: Name of Activity: _____

CMH Training: Name of Training(s):

- | | |
|---------|---------|
| • _____ | • _____ |
| • _____ | • _____ |
| • _____ | • _____ |

Consumer Introduction/Training: Consumer's Name: _____

- **select service type:** Individual Respite Group Respite SCL
- **Type of match:** RC Match Family Friend Family Referred

Consumer No-Show; Consumer's Name: _____ (limit 1 hour; arrived for **scheduled** shift and client was not present, notified RC Supervisor)

Required Meeting; Purpose of Meeting: _____

- If meeting pertained to a consumer, name of consumer: _____

** All time for training courses and required meetings will be paid at \$9.50 per hour; Activities at \$12.00 per hour*

For Office Use Only:

Approved By: _____ Verified SCL rate Activity Rate/activated 4 pay controls
Approval verifies documentation was received or attendance was verified for all training time.

Z:\Documentation\Time Cards & Training Notes

N_____