

Purpose

To record a missed punch or adjustment of clocking in and out of the CareWhen attendance system and identify the correct clock in and clock out times.

Attendance Incident Reporting

1. Complete Attendance Incident Report fully (only **one shift** per form)
2. Both Participant (Employer) and Direct Care Worker (Employee) must sign
3. Fax immediately to 734.720.1002 (DWIHN) or 734.206.1440 (All Other Agencies)

Incident Date: _____ Incident Time: _____

Participant/Employer Name: _____

Direct Care Worker/Employee Name: _____

PAS ID: _____ Payroll ID: _____ Agency ID: _____

Details of Attendance Incident

Revised Clock Time In: _____ Revised Clock Time Out: _____

Tasks Performed

You may write out tasks performed or document the Task ID# as identified in the attendance system (CareWhen)

Visit/Progress Note

Participant/Employer Signature: _____ Date: _____

Direct Care Worker/Employee Signature: _____ Date: _____

PLEASE NOTE:

- Attendance Incident Report must be fully completed. Incomplete forms will NOT be processed.
- Forms must be submitted within 24 hours of environmental or participant emergency situations in which you are unable to clock in or out.
- If PAS receives this form after processing the current payroll period, there is no guarantee payment will be processed for the period that has been billed. Payment may be administered in the next payroll cycle.