Fill the Payroll Exception Form on your cellphone Instructions

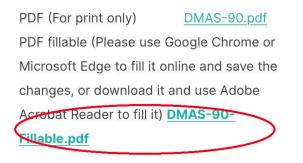
For iPhone users, please use the following link to download the free app:

https://apps.apple.com/us/app/adobe-fill-sign-form-filler/id950099951

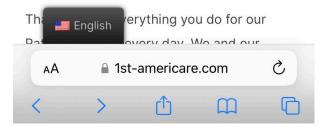
1. Visit our website and go to Daily Payroll Exception Form Instructions, use the DMAS-90-Fillable.pdf link:



You can view the " **Dai**ly Payroll Exception Form" form in:



Please don't hesitate to call/text/email Payroll Department if you have any further questions.



2. Use the share button to open the PDF file in Adobe Fill & Sign app:

			AIDE REC						1		AIDE REC				
(Personal/Respite Care) Individual's Name: Phone:								(Personal/Respite Care) Individual's Name: Phone:							
DAY:	Monday	Tuesday	Wednesday		Friday S	Saturday Sund	ıday	DAY:	Monday	Tuesday	Wednesday		Friday	Saturday	8
ATE (Month/Day/Year):							_	DATE (Month/Day/Year):							
CTIVITY: Complete/Partial Bath								ACTIVITY:							
Press/Undress								Complete/Partial Bath Dress/Undress							
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ransferring ersonal Grooming								Transferring							
ssist with Eating/Feeding								Personal Grooming Assist with Eating/Feeding							
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ssist with Self-Admin.								Assist with Self-Admin.							
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repare Breakfast								Supervision							
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repare Dinner Ilean Kitchen/Wash Dishes								Prepare Dinner							
fake/Change Bed Linen								Clean Kitchen/Wash Dishes							_
lean Areas Used by Individual								Make/Change Bed Linen Clean Areas Used by Individual							
.isting Supplies/Shopping ndividual's Laundry				-			_	Listing Supplies/Shopping							
dedical Appointments								Individual's Laundry Medical Appointments	-	_					
Work/School/Social Other							_	Work/School/Social							
DAILY TIME IN	-							Other							
Answer each question by checking 1. Did you observe any change in the 2. Did you observe any change in the	ns (required): g the box that ap the individual's phase individual's en	nysical condi notional con	dition?	Y N	Observa	ation if YES		DMAS-9			3 Opti	ons >			
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NUMBER OF HOURS Weekly Comments or Observation Answer each question by checkin 1. Did you observe any change in th 2. Did you observe any change in the 3. Was there any change in the indi- 4. Do you have an observation about rendered? Additional Comments/Observation Use back of page if more room needed for Weekly Signatures: Individual's/Family's Signature RN's Signature: RN's Signature: (not mandatory) The form contains priors should be infor- polyhold by Mara al Johal Lask (Py) DMAS-90 rev 06/2012	in (required): as (required): the box that a field box (the second relation of the second box (the second relation of the second box (the second additional comment matter and is intended have obtained the for	ysical condi notional concentration laily activitie s response to the or observation the or observation the or observation Date Date Date	dition? services services Print Aide's N Aide's Signatu d use of no one eve please send it to:	ame re re gr andbortool part DMAX, 660 East	es. Minane or diachas Read Breef, baier 13	Date: The office of the office offic		DMAS-9 PDF Docus OneDrive Copy	ment ·	69 KE			A		

3. After editing, use the share button to send the filled form from your email:

DMAS-90-Fillable... Done

А <i>Д</i>	4		AIDE I						
Individual's Name.									
DAY:	Monday	Tuesday	Wednes						
DATE (Month/Day/Year):	July15								
ACTIVITY:	2024								
Complete/Partial Bath									
Dress/Undress									
Assist with Toileting	X								
Transferring									
Personal Grooming									
Assist with Eating/Feeding									
Ambulation									
Turn/Change Position									
Vital Signs									
Assist with Self-Admin.									
Medication									
Supervision									
Prepare Breakfast									
Prepare Lunch									
Prepare Dinner									
Clean Kitchen/Wash Dishes									
Make/Change Bed Linen									
Clean Areas Used by Individual									
Listing Supplies/Shopping									
Individual's Laundry									
Medical Appointments									

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