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 Payroll Exception Form Instructions, use the DMAS-90-Fillable.pdf link:



You can view the "Weekly 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:

Individual's Name: DAY: Monda DATE (Month/Day/Year): ACTIVITY: Complete/Partial Bath	(Personal/Respi	to Caro)	PROVIDER AIDE RECORD				PROVIDER AIDE RECORD				
DAY: Monda DATE (Month/Day/Year): ACTIVITY: Complete/Partial Bath		Phone:		Individual's Name:	(Person	al/Respite Car	e) Phone:				
DATE (Month/Day/Year): ACTIVITY: Complete/Partial Bath	y Tuesday Wedn	esday Thursday Frid	ay Saturday Sunday	DAY:	Monday Tuesday	Wednesday	Thursday Frid	ay Saturday S			
ACTIVITY: Complete/Partial Bath				DATE (Month/Day/Year):							
A STREET AND A STR				ACTIVITY:							
Dress/Undress				Complete/Partial Bath							
Assist with Toileting				Assist with Toileting							
ransferring				Transferring							
ersonal Grooming				Personal Grooming							
mbulation				Ambulation							
Turn/Change Position				Turn/Change Position							
Assist with Self-Admin.				Vital Signs							
Aedication				Medication							
Supervision				Supervision							
repare Breakfast				Prepare Breakfast							
repare Dinner				Prepare Lunch							
Clean Kitchen/Wash Dishes				Clean Kitchen/Wash Dishes							
Clean Areas Used by Individual				Make/Change Bed Linen							
isting Supplies/Shopping				Clean Areas Used by Individual							
ndividual's Laundry Aedical Appointments				Individual's Laundry							
Work/School/Social				Medical Appointments							
Other				Other							
DAILY TIME IN											
Additional Comments/Observations (if need	ed): mments or observations					6					
	Date Print Ai	ide's Name					ン	Lei			
Individual's/Family's Signature N's Signature (not mandatory) his form contains patient-identifiable information and is i	Date Aide's s	Signature one except authorized parties. Misus	Date: or disclosure of this information is								
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3. After editing, use the share button to send the filled form from your email:

DMAS-90-Fillable... Done

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Individual's Name.						
Monday	Tuesday	Wednes				
July15						
2024						
X						
	Monday July15 2024 X X Image: State Sta	Monday Tuesday July15 2024 X				

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