

bloomtrak - Agency Shift Variance Form

Version 1.4

Community Information

Community Name:

Phone Number:

Address:

City, State, Zip:

Agency Employee Information

Last Name:

First Name:

Phone Number:

Agency Name/Information

Agency Name:

Phone Number:

Variance Request - Must Select One

ENTER SHIFT DATE:

YES

A. Requested by approved Community Personnel to start the shift prior to the scheduled start time:

1. Who was the approved Community Personnel that requested you to clock-in early? _____
2. What specific tasks were you asked to complete? _____

B. Requested by approved Community Personnel to remain at the community after the scheduled end time:

1. Who requested that you to stay after the end of the scheduled shift? _____
2. What specific tasks were you asked to complete? _____

C. Specifically instructed not to take a break during a shift of 6-hours or more:

1. I understand that being busy is not a reason to not take a break? YES NO
2. Who communicated to you that you were NOT to take a break during your shift? _____

D. Time Card Correction:

1. Clocking In: Terminal not functioning when I was trying to clock in. **Correct Date/Time:** _____
NOTE: If your Clock In Time is BEFORE your Shift Start Time your Adjusted Clock In Time will be the Shift Start Time.
2. Clocking Out: Terminal not functioning when I was trying to clock out. **Correct Date/Time:** _____
NOTE: If your Clock Out is AFTER your Shift End Time, your Adjusted Clock Out Time will be the Shift End Time.
3. I was unable to clock in as a result of my shift not showing up in the terminal.
 - a. I contacted my Agency to verify that I am assigned this shift in bloomtrak: YES NO
 - b. The person I spoke with or left a message with is: _____
 - c. I checked my bloomtrak portal to verify that I am assigned this shift: YES NO

I understand that I was contracted to work a specific shift that starts and ends at a specific time. I understand that I will not be paid for time before the shift starts or for time after the shift ends unless I have filled out Part A and/or Part B above.

In order for your time to be paid, the Community Personnel who made the request must complete and sign this section of the form:

1. Please describe the circumstances above and provide as much detail as possible regarding this request for a variance.

Community Team Member Name

Phone Number

Signature

Date