bloomtrak - Agency Shift Variance Form

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   ENTER SHIFT DATE HERE: _____   YES

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

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

C. Specifically instructed by approved Community Personnel not to take breaks during a shift that is 6 or more hours long:

D. Timecard correction due to clock-in or clock-out malfunction:

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:** _____

2. Clocking Out: Terminal not functioning when I was trying to clock out. **Correct Date/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

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