

EMPLOYEE SHIFT PROCESS SLEEPOVER

MY START

Log in at Rostered start time
eg 14:30

MY MEAL BREAK

Log in at Rostered actual
break start time eg 19:00
Log out at rostered actual
break finish time eg 19:30

MY FINISH

At actual finish time log out
of first shift eg 22:00

START SLOVER BEFORE MNIGHT

No Action Required

SLOVER AFTER MNIGHT

No Action Required

TRACCS MOBILE T AND A

EXIT DAY TODAY PREV NEXT REFRESH

Total Rosters=4
Daily Paid Hours = 9h 30m, KM = 0
Total Rostered Hours = 11h 00m, KM = 0

14:30 - 19:00 --- Duration : 04:30 (Not Started)
Type : YLC-PHOEBE
Service Type : ACCOM-YLC

Notes : I confirm that I have
1) Read and understood the Client Individual Care Plan at the commencement of EACH SHIFT.
2) I have completed, documented & signed off on EACH SHIFT all applicable charts, filled in all forms, progress notes & Diary entries relevant to the client's support needs.
3) I have reported any anomalies (something that is unusual, irregular, inconsistent or abnormal) or Incidents/Accidents to any Coordinator at St Johns Community Care.

GROUP ROSTER

19:00 - 19:30 --- Duration : 00:30 (Not Started)
Type : ADMIN
Service Type : STF-MEAL BREAK

19:30 - 22:00 --- Duration : 02:30 (Not Started)
Type : YLC-PHOEBE
Service Type : ACCOM-YLC

Notes : I confirm that I have
1) Read and understood the Client Individual Care Plan at the commencement of EACH SHIFT.
2) I have completed, documented & signed off on EACH SHIFT all applicable charts, filled in all forms, progress notes & Diary entries relevant to the client's support needs.
3) I have reported any anomalies (something that is unusual, irregular, inconsistent or abnormal) or Incidents/Accidents to any Coordinator at St Johns Community Care.

GROUP ROSTER

22:00 - 24:00 --- Duration : 02:00 (Not Started)
Type : YLC-PHOEBE
Service Type : SLEEPOVER BEFORE MIDNIGHT

Notes : I confirm that I have
1) Read and understood the Client Individual Care Plan at the commencement of EACH SHIFT.
2) I have completed, documented & signed off on EACH SHIFT all applicable charts, filled in all forms, progress notes & Diary entries relevant to the client's support needs.
3) I have reported any anomalies (something that is unusual, irregular, inconsistent or abnormal) or Incidents/Accidents to any Coordinator at St Johns Community Care.

GROUP ROSTER

00:00 - 05:55 --- Duration : 05:55 (Not Started)
Type : YLC-PHOEBE
Service Type : SLEEPOVER POST MIDNIGHT
MTA Service : UNPAID SLEEPOVER SIGN OFF

Notes : I confirm that I have
1) Read and understood the Client Individual Care Plan at the commencement of EACH SHIFT.
2) I have completed, documented & signed off on EACH SHIFT all applicable charts, filled in all forms, progress notes & Diary entries relevant to the client's support needs.
3) I have reported any anomalies (something that is unusual, irregular, inconsistent or abnormal) or Incidents/Accidents to any Coordinator at St Johns Community Care.

GROUP ROSTER