PARENT OR LEGAL GUARDIAN WORK SCHEDULE

This form must be completed by a Supervisor at the place of employment.

Parent/Legal Guardian's Name: _____

Name of Employer: _____

Address: _____

_____

Work Schedule:
(Include work hours for each day)

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

If employee works a variable work schedule, please indicate the average number of hours per week, this employee works: _____

Any person who makes, presents or submits a document that is false or fraudulent is subject to a reduction or termination of Medicaid services.

Supervisor Name: _____

Title: _____

Telephone Number: (_____) _____

Signature: _____

Date: _____

For use by the Provider:

Recipient's Name: _____ Recipient Medicaid ID: _____

AHCA-Med Serv Form 5000-3503, December 2011