様式第８号

介護予防・日常生活支援総合事業第１号通所事業

従業者の勤務の体制及び勤務形態一覧表

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| 事業所名 |  | サービスの種類 |  | | |
| 定　　員 |  | サービスの提供日 | 月・火・水・木・金・土・日 | 提供時間 | 時間　　　分 |

（令和　　　　年　　　　月分）【　　　　単位目】

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| 職　種 | 勤務  形態 | 氏　名 | | 第１週 | | | | | | | 第２週 | | | | | | | 第３週 | | | | | | | 第４週 | | | | | | | ４週の合計 | 週平均の勤務時間 | 備考 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|  | 曜日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 管理者 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 生活相談員 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 看護職員 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 機能訓練指導員 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 介護職員 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 合　計 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**常勤職員が勤務すべき１週当たりの勤務時間（就業規則等で定められた１週当たりの勤務時間）　　　　　　　　時間／週（Ｄ）**

備考　１　「勤務形態」は、Ａ：常勤で専従　Ｂ：常勤で兼務　Ｃ：常勤以外で専従　Ｄ：常勤以外で兼務　と記入。

　　　２　職員が兼務する場合（例：管理者と生活相談員、看護職員と機能訓練指導員）には、それぞれの職種で勤務時間を按分し、記入してください。

　　　３　事業に係る従業者全員（管理者を含む）について、４週間分の勤務すべき時間数を記入。公休の場合は×印を記入。