様式第７号

介護予防・日常生活支援総合事業第１号訪問事業

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 |  |

（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 | 常勤換算後の人数 |
| 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 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | － |
| サービス提供責任者 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ｃ |
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| 訪問介護員 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| サービス提供責任者  ＋訪問介護員 |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Ａ | Ｂ |

**常勤職員の１週当たりの勤務時間　　　　　　　　時間／週（Ｄ）**

**＊Ａ（合計月間勤務時間）…サービス提供責任者と訪問介護員の合計月間勤務時間を記入**

**（注：管理者がサービス提供責任者を兼務している場合は、それぞれの職種で勤務時間を割り振り、管理者としての勤務時間は除くこと）**

**＊Ｂ（合計週間勤務時間）…Ａ／４**

**＊Ｃ（常勤換算）…Ｂ／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　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。

　　　３　算出に当たっては、小数点以下第２位を切り捨ててください。