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WORK SCHEDULE FOR PARENT OR LEGAL GUARDIAN

This form must be completed by a supervisor at the current place of employment. Submit one form for each caregiver. Do not send in false information. Ped-I-Care will notify Medicaid if the information sent in is suspicious.

Employee's Name: _____

Employee's Position Title: _____

Name of Company: _____

Name of Employer: _____

Address (Place of Employment): _____

WORK SCHEDULE: (Include work hours for each day scheduled to work)

Day of Week	Total Time Working Including Travel To and From Work	Scheduled Start Time	Scheduled Quitting Time	Variable Work Schedule (hours per day)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Is the employee scheduled to work holidays? _____

Does the employee work a seasonal or year round schedule? _____

Is the employee the only caregiver for the child? _____

Name of Supervisor (Printed): _____

Supervisor's Title: _____

Telephone #: Company: _____ Supervisor: _____

Supervisor's Signature: _____ Date: _____

Member's Name: _____ ID #: _____
