**Productivity Adjustments**

*Please fill out the following information and forward to Finance/Payroll.*

*This form is to be used by exception only to adjust the productivity of per-visit employees under circumstances requiring extended travel to provide patient care.*

***All productivity adjustments must be approved by a VP.***

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print

Pay Period\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Line: IHC \_\_\_\_\_\_\_ Hospice \_\_\_\_\_\_\_

Community Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Travel From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel To: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Travel From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel To: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Travel From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel To: \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Travel From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel To: \_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement: 1.0 routine visit per day (125 miles or greater)

Examples: Bluffton to Beaufort

 Hilton Head to Beaufort

 Savannah to Pembroke

 Savannah to Midway

**NOTE: Productivity Adjustments are limited to once per day.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Scheduler Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

VP Signature Date