## **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.

EmployeePlease Print		Today's Date
Pay Period	Please Print	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 Examples:	(125 miles or greater) Bluffton to Beaufort Hilton Head to Beaufort Savannah to Pembroke Savannah to Midway
NOTE: Producti	ivity Adjustments a	re limited to once per day.
Scheduler Signature	Date	
VP Signature	 Date	