

EOR Staff Supervision Plan

(MAKE A COPY)

_____ to _____

Staff Name: _____

The staff named above understands that the following supervision activities will be required over the next year of employment.

That supervision will occur monthly.

Direct Support Staff Observation includes these topics on a rotating basis

- Staff Documentation Review
- Staff Time Records/Billing
- Observation of Work Performance
- In-Person Supervision Meeting
- Staff Education
- Other as Appropriate: _____
- Annual personal growth goal (*must change each year*)

Write that goal here:

Your Responsibilities

Your signature below indicates you understand:

- That you shall make yourself available at mutually agreed upon times for above supervision and will attend all staff meetings.
- You will take the duties of your job seriously, go to work at your scheduled times and be punctual. You will complete and turn in all documentation, time records, expense reports, incident reports, medication administration logs and all other forms required by the EOR on time.
- You further understand that if any required documentation or forms are turned in after the scheduled due date and time you could risk being paid minimum wage instead of your agreed upon rate for all hours worked during the pay period for which the documentation and forms were late.

Employee (Print) _____

Employee Signature _____ Date: _____

EOR Signature: _____ Date: _____