（標準様式1）　**従業者の勤務の体制及び勤務形態一覧表**

令和 6 （ 2024 ） 年 4 月

サービス種別（ 認知症対応型通所介護 ）
事業所名（ ○○デイサービス ）

（1） 4週
（2） 予定

（3）事業所における常勤の従業者が勤務すべき時間数 40 時間/週 160 時間/月
当月の日数 30 日
（4）事業所全体のサービス提供単位数 1 単位
1 単位目
（5）当該サービス提供単位のサービス提供時間 ～ （計 0 時間）

| No | （6）職種 | （7）勤務形態 | （8）資格 | （9）氏　名 | | （10） 1週目 1 月 | 2 火 | 3 水 | 4 木 | 5 金 | 6 土 | 7 日 | 2週目 8 月 | 9 火 | 10 水 | 11 木 | 12 金 | 13 土 | 14 日 | 3週目 15 月 | 16 火 | 17 水 | 18 木 | 19 金 | 20 土 | 21 日 | 4週目 22 月 | 23 火 | 24 水 | 25 木 | 26 金 | 27 土 | 28 日 | 5週目 | | | （11）1～4週目の勤務時間数合計 | （12）週平均勤務時間数 | （13）兼務状況（兼務先及び兼務する職務の内容）等 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 2 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 3 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 4 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 5 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 6 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 7 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 8 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 9 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 10 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 11 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 12 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| 13 | | | | | シフト記号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| | | | | | サービス提供時間内の勤務時間数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | | |
| （14）サービス提供時間内の勤務延時間数 | | | | | 生活相談員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 看護職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 介護職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （15）利用者数 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （16）サービス提供時間（平均提供時間） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （参考）（17）1日の職種別人員内訳 | | | | | 生活相談員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 看護職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 介護職員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 機能訓練指導員 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |