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Job Description

OREGON Home Care COMMISSION

Please attach your sevice plan, individual support plan, task list or service agreement for an explanation of services.

Employer or representative name: Date:

Employee name: Date:

Hours per week: Start date:

Rules and expectations:

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Specific job duties:

Schedule

Days:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Hours:							

Employer or representative signature

Date

Employee signature

Date

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1-877-867-0077
https://www.oregon.gov/odhs/agency/pages/ohcc.aspx

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Oregon Home Care Commission at O.HCC@odhsoha.oregon.gov or 1-877-867-0077 (voice/text). We accept all relay calls.

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