（参考様式1）　**従業者の勤務の体制及び勤務形態一覧表**

令和 5 （ 2023 ） 年 4 月

サービス種別（ 地域密着型通所介護 ）
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 土 | 2 日 | 3 月 | 4 火 | 5 水 | 6 木 | 7 金 | 2週目 8 土 | 9 日 | 10 月 | 11 火 | 12 水 | 13 木 | 14 金 | 3週目 15 土 | 16 日 | 17 月 | 18 火 | 19 水 | 20 木 | 21 金 | 4週目 22 土 | 23 日 | 24 月 | 25 火 | 26 水 | 27 木 | 28 金 | 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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (17) 確保すべき介護職員の勤務時間数（注：記入方法参照） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （参考）(18) 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |