

**IN-HOME SUPPORTIVE SERVICES PROGRAM
NOTICE TO PROVIDER OF SECOND VIOLATION
FOR EXCEEDING WORKWEEK AND/OR TRAVEL TIME LIMITS**

(ADDRESSEE)

COUNTY OF: _____

Notice Date: _____

Provider Name: _____

IHSS Office Address: _____

IHSS Office Telephone Number: _____

To: In-Home Supportive Services (IHSS) Provider

In the service month of _____, you exceeded your
MONTH

workweek and/or travel time limits for a second time by doing one or more of the following:

- Working more than 40 hours in a workweek for a recipient without the recipient getting approval from the county when that recipient's maximum weekly hours are 40 hours or less.
- Working more than a recipient's maximum weekly hours without the recipient getting approval from the county which caused you to work more overtime hours in the month than you normally would.
- Working more than 66 hours in a workweek when you work for more than one recipient.
- Claiming more than seven (7) hours of travel time in a workweek.

Because you previously incurred a second violation and took advantage of the one-time option to review instructional materials and submit a verification notice to remove the violation, this option cannot be offered again.

If you disagree with this decision you may submit the attached county request form to the IHSS office at the address above. You have ten (10) calendar days from the date of this notice to request a county review. The county then has ten (10) business days to review and investigate and make a decision.