

Employee Telephone# _____

Client's Name _____		Employee's Name _____				Week Ending (Sunday's Date) _____			
Day	Date	Time In	Time Out	Time In	Time Out	Time In	Time Out	Hours	Client's Signature
Mon		:	:	:	:	:	:		
Tue		:	:	:	:	:	:		
Wed		:	:	:	:	:	:		
Thur		:	:	:	:	:	:		
Fri		:	:	:	:	:	:		
Sat		:	:	:	:	:	:		
Sun		:	:	:	:	:	:		
							Total Hours		

To CLIENT: By signing in the designated area(s) above, you are confirming that the hours shown and the services checked below were performed by the aide whose name appears below. DO NOT SIGN BLANK TIME & ACTIVITY SHEETS

INSTRUCTIONS: Record the date and time above. Place a **v** in the appropriate column below for each activity/task. USE Black Ink Only

Activity/Task	MON	TUE	WED	THU	FRI	SAT	SUN
Bathing/Shower							
Skin/Hair/Oral Care							
Shampoo							
Shave							
Foot Care							
Dressing Assist							
Toileting							
Bedpan/Urine							
Incontinence Care							
Empty Urine Bag							
Medication Reminding							
Assit with Errands							
Assist with Exercise							
Standing Assist							
Walker/Wheelchair							
Meal Prep Breakfast							
Meal Prep Lunch							
Meal Prep Dinner							
Dish Washing							
Laundry							
Vacuuming/Sweeping							
Mopping							
Dusting							
Make bed/change sheets							
Clean Bathroom							
Empty Trash							
Water Plants							
Dr Appointments							
Shopping							
Entertainment							

Comments:

I certify that I have performed the activated noted, honored the patient's rights and observed Standard Precautions.

Employee Name (printed) _____

Date _____

Employee Signature _____

due Mondays 12pm at: