



Client: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_  
 Date From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

**FAX: 215-689-1928**

**BI-WEEKLY TIMESHEET**

**WORK LOG (Check all that applies) FREQUENCY OF TASKS**

<b>DATES:</b>															
<b>DAY OF THE WEEK</b>	sat	sun	mon	tue	wed	thur	fri	sat	sun	mon	tue	wed	thu	fri	
Light housekeeping															
Vacuum/sweep/Mop Floors															
Dusting															
Bathroom/Bedroom															
Kitchen															
Living Area															
Laundry															
Grooming Guidance															
Meal Preparation: Special Diet															
Diet Notes															
Recreational Activities															
Transportation															
Errands/Shopping															
TLC Calls															
Companionship															
Medication Reminder															

**PERSONAL CARE SERVICES**

Feeding														
Bath: Tub Bed Shower														
Hair Care														
Oral care														
Shave														
Dress/Undress														
Nail Care (Don't cut)														
Assist with Commode Urinal Bed Pan														
Empty Cathetar bags														
Protective briefs														
Ambulance														
Transfer to _____ from _____														
specify side to side														
Passive ROM/ Exercise Guidance														
OTHER														
<b>CLIENT INITIALS</b>														

**TIME LOG(Week 1)**

sat Sun mon tue wed thur fri

**TIME LOG(WEEK 2)**

Sat Sun Mon tue wed Thur Fri

<b>Morning</b>														
<b>Afternoon</b>														
<b>Evening</b>														
<b>Night</b>														
<b>Daily Total Hours</b>														

Week 1 Total Hours: \_\_\_\_\_

Week 2 Total Hours: \_\_\_\_\_

**COMBINED TOTAL HOURS:** \_\_\_\_\_

**Consumer Signature** \_\_\_\_\_

**Caregiver Signature** \_\_\_\_\_ **Approved By** \_\_\_\_\_