

CONSUMER / CLIENT NAME

TIN:

TIMESHEET

PRINT EMPLOYEE NAME

Provider ID:

M/A:

Employee SSN:

Directions: This is a legal document. Careful y check the assignment/care plan. Initial activities completed. Clinical observations should also be called to the service coordinator or the supervisor. Place a check. ✓ under date of care.

WEEK START DATE (MONDAY)	
WEEK END DATE (SUNDAY)	

SService Location:\_\_\_\_\_

DAY	DATE	START TIME	FINISH TIME	TOTAL TIME LESS BREAK	Provider SIGNATURE
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL		HOURS			

TIMESHEETS ARE DUE EVERY MONDAY ON OR BEFORE 12:00 P.M. FAX.

IF TIMESHEETS ARE NOT RECEIVED BY THIS DAY, YOUR PAYCHECK COULD BE DELAYED.

**CONSUMER NOTE:** By your signature, you certify that hours shown are connect. work was completed satisfactorily, and you agree to the terms listed below. It s understood that overtime at 1 1/2 times will be billed for over 40 hours a week.

**EMPLOYEE NOTE:** By your signature, you certify that the hours recorded for the above dates are true and accurate and are properly verified by the client. A reminder that designated hol days and supervisor-approved overtime are 1 1/2 times the regular rate.

Employee Signature

Date

Daily Progress Notes:

Mon: \_\_\_\_\_

Tues: \_\_\_\_\_

Wed: \_\_\_\_\_

Thurs: \_\_\_\_\_

Fri: \_\_\_\_\_

Sat: \_\_\_\_\_

Sun: \_\_\_\_\_

	DATE	DAY	MON	TUE	WED	THU	FRI	SAT	SUN
BATHING	ACTIVITY								
	BED BATH								
	TUB/SHOWER								
	PARTIAL BATH								
PERSONAL CARE	MOIFHCARE								
	DENTURES								
	HAIR CARE								
	SHAMPOO								
	EYECARE								
	CHANGE CLOTHES								
	SHAVE								
	SKIN CARE								
	FOOT CARE								
	TOILETING								
	BOWEL MOVEMENT								
	INCONTINENCE CARE								
	CATHERTER CARE								
	AMBULATION								
AMBULAT-ION	TURN & POSITION								
	BED BOUND/SIDE RAILS								
	TRANSFERCHAIR								
	TRANSFER-COMMODE								
EXERCISE	ROM/EXERCISE								
	WENT FOR WALK								
MEAL PREPRATION	GROCERY SHOP								
	PREPARE MEAL								
	FEED/ASSIST EATING								
	DIET INSTRUCTIONS								
	APPETITE(DESCRIBE)								
	FORCE FOODS/FLUIDS								
	ENCOURAGE FLUIDS								
	RECORD INTAKE/OUTPUT								
HOUSE KEEPING	LAUNDRY/LINEN								
	CLEAN BATHROOM								
	CLEAN STRIGHTEN RM								
	CLEAN EQMT, KITCHEN								

Additional Information:

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