

TIME SHEET

Pay Period: (Monday) _____ (Sunday) _____
 (Monday Through Sunday)

PRINT EMPLOYEE NAME _____

PRINT CONSUMER NAME _____

MONTH OF	CLOCK-IN	MON	TUES	WED	THU	FRI	SAT	SUN
SHIFT ONE	TIME IN:							
	Time out:							
SHIFT TWO	TIME IN:							
	Time out:							
SHIFT THREE	TIME IN:							
	Time out:							
	TOTAL:							

CONSUMER NOTE: By your signature, you certify that hours shown are correct, and work was completed satisfactorily for the days and time documented:

CONSUMER SIGNATURE _____

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

EMPLOYEE SIGNATURE _____ Date _____

Daily Progress Note:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Directions: This is a legal document. Check the assignment/care plan. Check each activity that is completed. Indicate "R" if an assigned activity is refused by the consumer. Indicate "H" for Hospitalization. Consumer change, including hospitalization should be called into the case Manager IMMEDIATELY, 215-474-3000

DUTTY LIST	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Bathing							
Hair Care							
Dressing							
Lotion/Ointment							
Meal Preparation							
Eating/Drinking							
Laundry							
Light Housekeeping							
Shopping							
Medication Reminder							
Reading Writing							
Managing Finances							
Social Activities							
Telephone/Communication devices							
Securing Transportation							
Appointment Scheduling							
Caring for Personal Possessions							
Obtaining Seasonal Clothing							
Ambulation							
Range of Motion							
Supervised Walks							
Supervision/Coaching							
Toileting							
Bowl/Bladder Management							
Transfers							
Catheter Care							

Additional Information:
