SAMPLE TIMESHEET DAILY IN AND OUT TIMESHEET



Pay Period Start Date: 09/08/2024 End Date: 09/21/2024 EVV Adjustment/Exception X

CLIENT NAME: Kate Smith WORKER NAME: Lauren Johnson LIVE-IN

*Check Service type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT	
DATE: (example 1/1/24)								
Time IN: PC ☒ _SHC □	9:15 AM	9:00AM	9:00AM	9:30AM	9:15 AM	9:00AM	12 PM	
Time OUT:	1:00PM	1:00PM	1:00PM	1:00PM	1:00PM	1:00PM	2:00PM	
Time IN: PC □ SHC 🗹		5 PM		5 PM		5 PM		
Time OUT:	\longrightarrow	7:30PM		7:30PM		7:30PM		
Time IN: PC □ SHC □								
Time OUT:								
Total Hours Worked (calculate total hrs)	PC <u>3.75</u> SHC_	PC <u>4</u> SHC <u>2.5</u>	PC <u></u> SHC	PC 3.5 SHC 2.5	PC <u>3.75</u> SHC_	PC <u>4</u> SHC <u>2.5</u>	PC_2 SHC_	
Bathing (complete/partial)	×	×	X	×	×	×	ightharpoons	
Assist with Dressing	X	×	X	X	×	×	×	
Grooming(shampoo Shave/Deodorant/S Lotion	X		×		×		×	
Toileting /Bowel / In	X	X	×	X	X	X	X	
Assist w/Transfers / Ambulation/Assist / Range or Motion	×	X	×	×		X	×	
Meal Prep/Set-up / Assist with Feeding	X	X	X	X X	X	X	X	
Grocery Shopping	X			X				
Light Cleaning Duties		X			Ø		X	
Medication Reminder	X	INVE'S	Can 🔯 📗	Duch	×	X	X	
Other/Comments:	"To Us it's Personal"							

Please Call 414-841-5853 with questions on how to complete this form. SUBMIT ON MONDAYs by 11:59PM. Payroll DEADLINE: Tue 5PM

*Check Service type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)							
Time IN: PC 🗹 SHC □	9:15 AM	9:00AM	9:00AM	9:30AM	9:15 AM	9:00AM	12 PM
Time OUT:	1:00PM	1:00PM	1:00PM	1:00PM	1:00PM	1:00PM	2:00PM
Time IN: PC □ SHC 🗹		5 PM		5 PM		5 PM	
Time OUT:		7:30PM		7:30PM		7:30PM	
Time IN: PC □ SHC □							
Time OUT:							
Total Hours Worked (calculate total hrs)	PC <u>3.75</u> SHC_	PC <u>4</u> SHC <u>2.5</u>	PC <u>4</u> SHC	PC 3.5 SHC 2.5	PC <u>3.75</u> SHC_	PC <u>4</u> SHC <u>2.5</u>	PC2 SHC
Bathing (complete/partial)	✓.	\checkmark	✓		✓	▼	✓
Assist with Dressing: Upper /Lower	\square	\square	\checkmark	✓		$\overline{\mathbf{A}}$	✓
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant/Skin Care & Lotion			✓		\checkmark		V
Toileting /Bowel / Incontinent Care	lacksquare	lacksquare		V	\checkmark	4	₹
Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion			Y			✓	
Meal Prep/Set-up / Assist with Feeding	✓	lacksquare	\checkmark		✓	lacksquare	$\blacksquare \blacktriangleleft$
Grocery Shopping	▼				✓ .		
Light Cleaning Duties	V		▼				
Medication Reminder	lacksquare	lacksquare	V	lacksquare	\checkmark	lacksquare	\checkmark
Other/Comments:					-		_

I h	ereby	certify	that the l	hours below	v were worked by	y the Agency	's employe	e and re	epresent	true and	accurate	time fo	or services	
	<u> </u>		\mathcal{D}	\sim 0										

Worker Signature	Date _	9/18/24
Client Signature _ kut Suth	Date	9/18/24
	Date _	9/18/24

SUBMIT TIMESHEETS:

Email:contactjct@jcthomecare.com adminhr@jcthomecare.com

Fax: 414-921-5589 -

Mail/Drop Box: 2266 N Prospect Ave STE 210, Milw, WI 53202

DAILY IN AND OUT TIMESHEET



Pay Period Start Date:	art Date: End Date:			EVV Adjustment/Exception					
CLIENT NAME:	w	ORKER NA	ME:	LIVE-IN(CHECK IF LIVE-IN WORKER)					
*Check Service type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT		
DATE: (example 1/1/24)									
Time IN: PC □ SHC □									
Time OUT:									
Time IN: PC □ SHC □									
Time OUT:									
Time IN: PC □ SHC □									
Time OUT:									
Total Hours Worked (calculate total hrs)	PC	PC	PC	PC	PC	PC	PC		
, ,	SHC	SHC	SHC	SHC	SHC	SHC	SHC		
Bathing (complete/partial)									
Assist with Dressing: Upper /Lower									
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant/Skin Care & Foot Care / Lotion									
Toileting /Bowel / Incontinent Care	П		П						
Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion									
Meal Prep/Set-up / Assist with Feeding									
Grocery Shopping									
Light Cleaning Duties									
Medication Reminder		LOVER'S	Carimo I	Duch					
Other/Comments:		- 11111C	Us it's Personal"	vu(//	1	1			
				2437 1 44 50	DM . D	ADLINE, T	:DM		
Please Call 414-841-5853 with questions on r	iow to comblet	e this form. Sub	MII ON MONL	JAYS DV 11:59	PIVI. Pavroli DE	:ADLINE: Tue 5			
Please Call 414-841-5853 with questions on h	· ·	e this form. <u>SUB</u>	MII ON MONL	JAYS BY 11:59	PM. Payroll DE	ADLINE: Tue 5	<u>DE IVI</u>		
*Check Service type (PC or SHC)	SUN	MON	TUES	WED	THUR	FRI	SAT		
*Check Service type (PC or SHC) DATE: (example 1/1/24)	· ·			-	<u>-</u>	T	<u> </u>		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC	· ·			-	<u>-</u>	T	<u> </u>		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT:	· ·			-	<u>-</u>	T	<u> </u>		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC SHC SHC Outline SHC SHC Outline SHC Outlin	· ·			-	<u>-</u>	T	<u> </u>		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT:	· ·			-	<u>-</u>	T	<u> </u>		
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*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time OUT: Time IN: PC SHC Time OUT: Time OUT:	SUN	MON	TUES	WED	THUR	FRI	SAT		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC	SUN PC	MON PC	TUES	WED	THUR	FRI PC	SAT		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time OUT: Total Hours Worked (calculate total hrs)	SUN PCSHC_	MON PCSHC	TUES PCSHC_	WED PCSHC	THUR PCSHC	FRI PCSHC_	SAT PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time OUT: Time OUT: Total Hours Worked (calculate total hrs)	SUN PCSHC	MON PCSHC	TUES PCSHC	WED PCSHC	THUR PCSHC	FRI PCSHC	SAT PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/	SUN PCSHC_	MON PCSHC	TUES PCSHC_	WED PCSHC	THUR PCSHC	FRI PCSHC_	SAT PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion	PC_sHC	PCSHC	PC_sHC	PCSHC	THUR PCSHC	PCSHC	PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care	PCSHC	PCSHC	PCSHC	PCSHC	PCSHC	PCSHC	PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion	PCSHC_	PCSHC	PCSHC	PCSHC	THUR PCSHC_	PCSHC	PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time OUT: Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion Meal Prep/Set-up / Assist with Feeding	PCSHC	MON PCSHC	PCSHC	WED PCSHC	THUR PCSHC	FRI PCSHC	PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion Meal Prep/Set-up / Assist with Feeding Grocery Shopping	PC_shC_	MON PCSHC	PCSHC	WED PCSHC	THUR PCSHC	FRI PCSHC	PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion Meal Prep/Set-up / Assist with Feeding Grocery Shopping Light Cleaning Duties	PC_shC_	MON PCSHC	PC_sHC	WED PCSHC	THUR PC	PCSHC	PCSHC		
*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time OUT: Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion Meal Prep/Set-up / Assist with Feeding Grocery Shopping Light Cleaning Duties Medication Reminder	PC_shC_	MON PCSHC	PCSHC	WED PCSHC	THUR PCSHC	FRI PCSHC	PCSHC		
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*Check Service type (PC or SHC) DATE: (example 1/1/24) Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time IN: PC SHC Time OUT: Time OUT: Time OUT: Total Hours Worked (calculate total hrs) Bathing (complete/partial) Assist with Dressing: Upper /Lower Grooming(shampoo/brush) Nail Hygiene / Oral/Shave/Deodorant/Skin Care & Lotion Toileting /Bowel / Incontinent Care Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion Meal Prep/Set-up / Assist with Feeding Grocery Shopping Light Cleaning Duties Medication Reminder	SUN PC	MON PCSHC □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	PCSHC	WED PCSHC	THUR PCSHC	FRI PCSHC	SAT PCSHC		

RN Sup Signature _____ Date ____

Fax: 414-921-5589 -Mail/Drop Box: 2266 N Prospect Ave STE 210, Milw, WI 53202

2024 Upcoming Pay Periods and Paydays

Pay Period	Payday	Payroll Deadline 6:00PM (CST)
02/11/2024 - 02/24/2024	03/07/2024	03/05/2024
0 2/25/2024 - 03/09/2024	03/21/2024	03/19/2024
-03/10/2024 - 03/23/2024	04/04/2024	04/02/2024
03/24/2024 - 04/06/2024	04/18/2024	04/16/2024
04/07/2024 - 04/20/2024	05/02/2024	04/30/2024
04/21/2024 - 05/04/2024	05/16/2024	05/14/2024
05/05/2024 - 05/18/2024	05/30/2024	05/28/2024
05/19/2024 - 06/01/2024	06/13/2024	06/11/2024
06/02/2024 - 06/15/2024	06/27/2024	06/25/2024
06/16/2024 - 06/29/2024	07/11/2024	07/09/2024
06/30/2024 - 07/13/2024	07/25/2024	07/23/2024
-07/14/2024 - 07/27/20 24	08/08/2024	08/06/2024
07/28/2024 - 08/10/2024	08/22/2024	08/20/2024
-08/11/2024 - 08/24/20 24	09/05/2024	09/03/2024
08/25/2024 - 09/07/2024	09/19/2024	. 09/17/2024
09/08/2024 - 09/21/2024	10/03/2024	10/01/2024
09/22/2024 - 10/05/2024	10/17/2024	10/15/2024
10/06/2024 - 10/19/2024	10/31/2024	10/29/2024
10/20/2024 - 11/02/2024	11/14/2024	11/12/2024
11/03/2024 - 11/16/2024	11/27/2024	11/25/2024
11/17/2024 - 11/30/2024	12/12/2024	12/10/2024
12/01/2024 - 12/14/2024	12/26/2024	12/23/2024
12/15/2024 - 12/28/2024	01/09/2025	01/07/2025
12/29/2024 - 01/11/2025	01/23/2025	N1/21/2N25