SAMPLE TIMESHEET DAILY IN AND OUT TIMESHEET

Joyce's Caring Touch
"To Us it's Personal"

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 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 ☐	9:15 AM	9:00AM	9:00AM	9:30AM	9:15 AM	9:00AM	12 PM
Time OUT: *CHECK ONE*	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 3.75 SHC	PC 4 SHC 2.5	PC 4 SHC	PC 3.5 SHC 2.5	PC 3.75 SHC	PC 4 SHC 2.5	PC 2 SHC
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	☒	☒	☒	☒	☒	☒	☒
Other/Comments:							

SELECT TASKS THAT ARE ON PLAN OF CARE

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 3.75 SHC	PC 4 SHC 2.5	PC 4 SHC	PC 3.5 SHC 2.5	PC 3.75 SHC	PC 4 SHC 2.5	PC 2 SHC
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	☑	☑	☑	☑	☑	☑	☑
Other/Comments:							

I hereby certify that the hours below were worked by the Agency's employee and represent true and accurate time for services.

Worker Signature _Lauren Johnson_ Date 9/18/24

Client Signature _Kate Smith_ Date 9/18/24

RN Sup Signature _Shanel Woolfe_ 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

Joyce's Caring Touch
"To Us it's Personal"

Pay Period Start Date:_____ **End Date:**_____ **EVV Adjustment/Exception** ____

CLIENT NAME:_____ **WORKER NAME:**_____ **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_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ 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	☐	☐	☐	☐	☐	☐	☐
Assist w/Transfers /Positioning Ambulation/Assist / Range of Motion	☐	☐	☐	☐	☐	☐	☐
Meal Prep/Set-up / Assist with Feeding	☐	☐	☐	☐	☐	☐	☐
Grocery Shopping	☐	☐	☐	☐	☐	☐	☐
Light Cleaning Duties	☐	☐	☐	☐	☐	☐	☐
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Other/Comments:							

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Time OUT:							
Time IN: PC ☐ SHC ☐							
Time OUT:							
Time IN: PC ☐ SHC ☐							
Time OUT:							
Total Hours Worked (calculate total hrs)	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___	PC_____ SHC___
Bathing (complete/partial)	☐	☐	☐	☐	☐	☐	☐
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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	☐	☐	☐	☐	☐	☐	☐
Other/Comments:							

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Worker Signature _____ Date _____

Client Signature _____ Date _____

RN Sup Signature _____ Date _____

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adminhr@jcthomecare.com
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
02/25/2024 – 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 – 07/27/2024	08/08/2024	08/06/2024
07/28/2024 – 08/10/2024	08/22/2024	08/20/2024
08/11/2024 – 08/24/2024	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	01/21/2025