



## Daily In and Out Timesheet Instruction Guide

**OVERVIEW:** This timesheet instruction guide provides important information and step-by-step instructions for completing the required Joyce's Caring Touch in and out timesheet. Please visit our website at <https://jcthomecare.com/downloadable-forms> or the CAREGIVER Tab for additional instructions, Timesheets, and forms.

**NOTE:** The Start and End Times, Service Type, and Tasks should match up with visits in EVV

**Do not use an arrow or "ditto" marks to indicate repeated services.**

- Type, select, or Print the Pay Period for this timesheet and check the EVV Adjustment box if you require an adjustment in EVV. (The last date of the pay period is required)
  - Type, select, or Print the Week number. (Wk 1 or Wk 2)
- Type, select, or Print the date of each visit under each day of the week.  
Example: 1/1/24 (The first and last date of the week is required)

DAILY IN AND OUT TIMESHEET      Pay Period: 09/08/2024 - 09/21/2024      EVV Adjustment ☒

Select Service Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)

Check Service Type (PC or SHC )	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024

**NOTE:** There are #3 rows for a lunch break and additional breaks.

DAILY IN AND OUT TIMESHEET      Pay

Select Service Type for IN and Out Time

Wk	Check Service Type (PC or SHC )	
	DATE: (example 1/1/24)	
1	Time IN: PC SHC	
	Time OUT:	
2	Time IN: PC SHC	
	Time OUT:	
3	Time IN: PC SHC	
	Time OUT:	
	Total Hours Worked (calculate total hrs)	PC

- Check the Service Type you are providing at this visit, **PC** or **SHC**
  - Check the **PC** box if this is **Personal Care**  
**Srv/15 minutes**
  - Check the **SC** box if this is a **Supportive Home Care/15 minutes visit**

4. Type, select, or Print the Start Time in the hours and minutes (10:00AM, 1:45PM), rounding to the nearest 15 minutes.

- Type, Scroll down, or print the Start and End with AM or PM

**Example:** If you are starting a visit at 10:11AM, round to 10:15AM. If you are starting at 10:07AM round to 10AM. **TIP: 7 minutes under round up, 7 minutes over round down.**

**Example:** Starting at 10:37AM would be 10:30AM. Starting or ending at 10:23AM would be 10:30AM.

Check Service Type (PC or SHC )	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1 Time IN: PC x SHC	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
Time OUT:	1PM :00	12PM :00	1PM :30	12PM :45	2PM :30		10AM :15
2 Time IN: PC SHC x	1PM :30		1PM :30		3PM :15	11AM :00	
Time OUT:	3PM :00		3PM :00		5PM :00	3PM :00	
3 Time IN: PC x SHC		12PM :15				3PM :15	
Time OUT:		1PM :30				4PM :30	

**b. Repeat this step for each day and all breaks.**

5. Calculate total hours performed for Personal Care and Supportive Home Care for each day and enter by its Service type.

Check Service Type (PC or SHC )	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1 Time IN: PC x SHC	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
Time OUT:	1PM :00	12PM :00	1PM :30	12PM :45	2PM :30		10AM :15
2 Time IN: PC SHC x	1PM :30		1PM :30		3PM :15	11AM :00	
Time OUT:	3PM :00		3PM :00		5PM :00	3PM :00	
3 Time IN: PC x SHC		12PM :15				3PM :15	
Time OUT:		1PM :30				4PM :30	
Total Hours Worked (calculate total hrs)	PC2.75 SHC2.50	PC3.25 SHC1.5	PC2.5 SHC1.5	PC2.75 SHC	PC2 SHC1.75	PC1.25 SHC4	PC1.25 SHC

**This is for your reference only. JCT will calculate payment based on daily in and out times listed by the start and end times.**

**NOTE: 15 minutes = .25 (1 unit) Round to the nearest 15 minutes**

- 15 minutes = .25 Hours (1 unit)
- 30 minutes = .50 hours (2 units)
- 45 minutes = .75 hours (3 units)
- 60 min(1 hr) = 1 (4 units)

**Example: 1:04 PM to 3:30 PM = 2.5 hours**

**10:30 AM to 2:43 PM = 4.25 hours**

6. Choose the tasks performed on each visit by using the Check the boxes next to each task. (These same tasks should also be selected in the EVV app.)

Bathing (complete/partial)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Assist with Dressing: <input type="checkbox"/> Upper <input checked="" type="checkbox"/> Lower	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Skin Care & Foot Care / Lotion	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Toileting /Bowel / Incontinent Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Assist w/Transfers Position	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/> Ambulation/Assist							
DME: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Crutches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input type="checkbox"/> Hoyer <input type="checkbox"/> Slide board <input type="checkbox"/> Sit to stand <input type="checkbox"/> Pivot							
<input type="checkbox"/> Other							
Range of Motion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Meal Prep/Set-up <input type="checkbox"/> Assist with Feeding	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Grocery Shopping	<input checked="" type="checkbox"/>						
Light Cleaning Duties							
<input type="checkbox"/> Record Input/output <input type="checkbox"/> Glucose monitoring							
Medication Reminder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Other/Pets/Comments:	Forgot to log into EVV on Monday and enter task in EVV						

**Check ALL boxes of the Tasks you are performing. Check boxes for services including:**

- Bathing
- Dressing
- Grooming
- Toileting

- e. Transferring from and to
- f. Positioning
- g. Range of Motion
- h. DME: check the box of the equipment the Client uses and check each day you assist with it
- i. Meal Prep or Assistance with Feeding
- j. Essential Grocery Shopping and Errands
- k. Light Cleaning in the Areas Used During Visit
- l. Medication Reminder
- m. Comment Section- Report any hospitalization and incidents.

## 7. Caregiver/Worker, Client, and RN Supervisor Signs, Print, and Date Timesheet

Other/Pets/Comments:		Forgot to log into EVV on Monday and enter task in EVV	
<i>I hereby certify that the hours below were worked by the Agency's employee and represent true and accurate time for services.</i>			
<i>I Understand this timesheet is REQUIRED for PAYMENT!</i>			
Worker Signature	John Smith	Date	09/16/2024
Client Signature	Print Name Brian Johnson	Date	09/16/2024
RN Supervisor Signature	Print Name Emily Sue	Date	09/16/2024

Submit time sheets: Fax 414-921-5589 - Mail 2266 N Prospect Ave STE 210, Milw, WI 53202 - Email [contactjct@jcthomecare.com](mailto:contactjct@jcthomecare.com) Please Call 414-841-5853 with questions on how to complete this form. **Payday Due Date: Tue 6PM. Submit time sheets by MONDAY!**

***The RN***

***Supervisor will review Timesheet and EVV and Sign, Print, and Date Timesheet for Payment.***

**Repeat this process for each Client**

## 8. Submit Timesheet to Joyce's Caring Touch:

Email: [contactjct@jcthomecare.com](mailto:contactjct@jcthomecare.com) (Recommended)

Fax: 414-921-5589

Mail or Dropbox: 2266 N Prospect Ave STE 210, Milwaukee, WI 53202

**NOTE:** Refer to Joyce's Caring Touch 2024 Payroll Schedule for timesheet Due Dates and Pay Dates.

- Each pay period begins on the listed Sunday at 12 AM and ends two weeks later on the listed Saturday at 11:59 PM.
- Timesheets may be submitted from the last day worked to the due date on that following Monday.
- Please make sure the timesheet is complete and correct, matching EVV clock-ins before submitting for payment.

## DAILY IN AND OUT TIMESHEET

Pay Period: 09/08/2024 - 09/21/2024

EVV Adjustment ☒

Select Service Type for IN and Out Time (PC for Personal Care and SHC for Supportive Home Care)

Wk 1

Check Service Type (PC or SHC )	SUN	MON	TUES	WED	THUR	FRI	SAT
DATE: (example 1/1/24)	09/08/2024	09/09/2024	09/10/2024	09/11/2024	09/12/2024	09/13/2024	09/14/2024
1 Time IN: PC × SHC	10AM :15	10AM :00	10AM :59	10AM :00	12PM :30		9AM :00
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2 Time IN: PC SHC ×	1PM :30		1PM :30		3PM :15	11AM :00	
Time OUT: PC SHC ×	3PM :00		3PM :00		5PM :00	3PM :00	
3 Time IN: PC × SHC		12PM :15				3PM :15	
Time OUT: PC × SHC		1PM :30				4PM :30	
Total Hours Worked (calculate total hrs)	PC2.75 SHC2.50	PC3.25 SHC1.5	PC2.5 SHC1.5	PC2.75 SHC	PC2 SHC1.75	PC1.25 SHC4	PC1.25 SHC
Bathing (complete/partial)	×	×			×		
Assist with Dressing: <input type="checkbox"/> Upper <input checked="" type="checkbox"/> Lower	×	×			×		×
Grooming(shampoo/brush) Nail Hygiene / Oral/ Shave/Deodorant	×		×		×		
Skin Care & Foot Care / Lotion	×		×				×
Toileting /Bowel / Incontinent Care	×	×	×	×	×		×
<input checked="" type="checkbox"/> Assist w/Transfers Position <input type="checkbox"/> Ambulation/Assist	×	×	×	×	×		×
DME: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Crutches <input type="checkbox"/> Hoyer <input type="checkbox"/> Slide board <input type="checkbox"/> Sit to stand <input type="checkbox"/> Pivot <input type="checkbox"/> Other	×	×	×	×	×		×
Range of Motion	×	×	×	×	×		×
<input checked="" type="checkbox"/> Meal Prep/Set-up <input type="checkbox"/> Assist with Feeding	×	×	×	×	×		×
Grocery Shopping	×						
Light Cleaning Duties							
<input type="checkbox"/> Record Input/output <input type="checkbox"/> Glucose monitoring							
Medication Reminder	×	×	×	×	×		×
Other/Pets/Comments:	Forgot to log into EVV on Monday and enter task in EVV						

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

I Understand this timesheet is REQUIRED for PAYMENT!

Worker Signature [Signature] John Smith Date 09/16/2024Client Signature [Signature] Print Name Brian Johnson Date 09/16/2024RN Supervisor Signature [Signature] Print Name Emily Sue Date 09/16/2024

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