

Employee Time-Sheet



Consumer Name : _____ Employee Name : _____ Pay Start _____ Pay End _____

Please send time-sheet before monday 12pm at goldenhomecare18@gmail.com or Fax at 717-674-6043

Week 1

Day	Date	Time in	Time out	Total Hours	Client Sign
Sun					
Mon					
Tues					
Wed					
Thur					
Fri					
Sat					

Week 2

Day	Date	Time in	Time out	Total Hours	Client Sign
Sun					
Mon					
Tues					
Wed					
Thur					
Fri					
Sat					

Total Hours	Week 1	Week 2	Total Hours

Employee Sign _____ Date: _____

Client Sign _____ Date: _____

Notice: By signing this document you certify that you have provided only authorized units and according to the service plan for the consumer. You agree to reimburse any overpayment.

Activities	Week 1						
	S	M	T	W	T	F	S
Bathing							
Hair Care							
Dressing							
Lotion/Ointment							
Meal Prep/Eating							
Laundry							
Light Housekeeping							
Shopping							
Medication Reminders							
Social Activities							
Transportation							
Appointment							
Caring/Obtaining Possessions							
Prosthetic Device							
Ambulating							
Range of Motion/Walks							
Supervision/Coaching							
Toileting Help							
Bowl Management							
Transfers							
Incontinence Care							
Managing Finances							

Week 2						
S	M	T	W	T	F	S

Progress Notes: _____

County: _____