

SENIOR HOME SUPPORT TIME SHEET

THIS SHEET IS FOR ONE WEEK. Week begins @ 12:00am Sunday and ends 11:59 on Saturday.
Fill in day, date, in & out time, total hours & mileage (if applicable). Client must sign each entry.

Client Name _____ Employee Name: _____

IMPORTANT INFORMATION FOR CLIENT: BY SIGNING THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN AND TASKS CHECKED ARE CORRECT AND WORK DONE WAS SATISFACTORY.

Date & Day	Time In	Time Out	Total Hrs	Mileage	Client Signature
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
Total /Wk					

TASK/SERVICE PERFORMED

TASKS/SERVICE PERFORMED

HOUSEKEEPING	S	M	T	W	R	F	Sa	HYGIENE	S	M	T	W	R	F	Sa
Vacuumed								Bath/Shower							
Dusting								Shampoo							
Changed Linens								Oral Care							
Made Bed								Skin Care							
Cleaned Bath								EATING							
Cleaned Kitchen								Meal Prep							
Mopped Floors								Assist Eating							
Grocery/Errands															
TRANSFERS	S	M	T	W	R	F	Sa	TOILETING	S	M	T	W	R	F	Sa
To/From Bed								Bathroom							
To/From Chair								Urinal							
In/Out Care								Attend/Brief							
Hoyer Lift															
ACTIVITIES	S	M	T	W	R	F	Sa	OTHER TASKS	S	M	T	W	R	F	Sa
Errands								Respite-In Home							
Recreational								Med Setup-RN							
Transportation								Laundry							

ADDITIONAL COMMENTS MAY BE NOTED ON REVERSE SIDE OF THIS SHEET

Caregiver's Signature: _____ Date: _____

TIME SHEETS MUST BE IN SENIOR HOME SUPPORT OFFICE BY THE THIRD DAY FOLLOWING THE END OF EACH PAY PERIOD (15TH AND LAST DAY OF EACH MONTH) NO LATER THAN 5:00PM. IF THEY ARE RECEIVED LATER YOU WILL BE PAID FOR THESE HOURS AT THE END OF THE FOLLOWING PAY PERIOD.