

Week of: SUN \_\_\_\_\_ to SAT \_\_\_\_\_

## 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 CERTIFICATES THAT HOURS SHOWN AND TASKS CHECKED ARE CORRECT AND WORK DONE WAS SATISFACTORY.**

Date & Day	Time In	Time Out	Total Hrs	Mileage	Client Signature
Sunday / /					
Monday / /					
Tuesday / /					
Wednesday / /					
Thursday / /					
Friday / /					
Saturday / /					
Total / Wk					

**TASK/ SERVICE PERFORMED**

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HOUSEKEEPING	S	M	T	W	T	F	Sa	HYGIENE	S	M	T	W	T	F	Sa
Vacuumed								Bath/Shower							
Dusted								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	T	F	Sa	TOILETING	S	M	T	W	T	F	Sa
To/From Bed								Bath Room							
To/From Chair								Urinal							
In/Out Care								Attend/Brief							
Hoyer Lift															
ACTIVITIES	S	M	T	W	T	F	Sa	OTHER TASKS	S	M	T	W	T	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 (15<sup>TH</sup> 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.**

