

Countryside Living & Elderly Home Care, L.L.C.

Time Sheet

Fax: (937) 432-9871

Time sheets must be faxed to the office by 3:00 p.m. Monday. If time sheet is received later than 3:00 p.m. you will be paid the following pay period.

Name of Cargiver:	Name of Client:
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Date	Day of Week	Time In	Time Out	Total Hours
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Saturday			
	Sunday			
			Total Hours for the week	

Important information for Client: By signing this form, client certifies that hours shown are correct and work was done satisfactory.

Client Signature:

Home Mgt.								Personal Care							
	M	T	W	Th	F	S	S		M	T	W	Th	F	S	S
Grocery Shopping								Shampoo							
Housekeeping								Dress							
Laundry								Bed Bath							
Changed Linens								Shower							
Made Bed								Oral Care							
Vacuumed								Hygiene							
Dusted															
Clean Bathroom								Eating							
Clean Kitchen								Meal Prep							
Mopped Floors								Assist Feeding							
Transfers								Toileting							
From the bed								Bathroom							
From the chair								Urinal							
In/Out of Car								Attend Briefs							
Hoyer Lift								Catheter Bag							

Important information for Caregivers: By signing this form, you certify that this form is true and accurate.

<u>Caregivers Signature:</u>	<u>Date:</u>
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Check#	Amount
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