

Homemaker Timesheet

WEEK 1	Thur	Fri	Sat	Sun	Mon	Tues	Wed	WEEK 2	Thur	Fri	Sat	Sun	Mon	Tues	Wed
Month/Day/Year								Month/Day/Year							
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Total Daily Hrs:								Total Daily Hrs:							

Week 1 Total Hours:

Week 2 Total Hours:

Activities	Employee: initial all activities you assisted the client with							Activities	Employee: initial all activities you assisted the client with						
Wash dishes								Wash dishes							
Clean kitchen								Clean kitchen							
Empty garbage								Empty garbage							
Clean bathroom								Clean bathroom							
Make bed								Make bed							
Change linens								Change linens							
Vacuum								Vacuum							
Dust								Dust							
Laundry								Laundry							
Mop floors								Mop floors							
Meal prep (B, L, D)								Meal prep (B, L, D)							
Grocery shopping								Grocery shopping							
Errands								Errands							
Shower								Shower							
Socialization								Socialization							
Recreation								Recreation							
Transportation								Transportation							

Acknowledgments and signatures:

After the employee has documented his or her time and activity, the recipient must draw a line through any dates and times he or she did not receive services from the employee. Review the completed timesheet for accuracy before signing -- **do not sign a blank timesheet**. Providing false information on billings for Medical Assistance payment is a federal crime. Your signature certifies the time and services entered above are accurate and that the services were performed as specified in your Care Plan.

Client name (printed):		Please use standard 12-hour time, in 15-minute increments, with time entered as decimals, not hours (e.g., 4.75 hours for 4 hours and 45 minutes). Indicate AM or PM for every "TIME IN" and every "TIME OUT." Every date box must have month/day/year entered for the entire timesheet. Staff must fill out the timesheet each shift and may never pre-fill the timesheet. The timesheet must be an original timesheet, not photocopied. Incomplete, incorrect, or illegible timesheets cannot be accepted for billing. Use only black or blue ink
Client/responsible party signature:	Date:	
Employee name (printed):		SAFE HEAVEN HOME CARE SERVICES FAX: 763-374-0506 <u>Call the office to verify your time sheet was received:</u> 763-332-9194
Employee signature:	Date:	

Timesheet due day is every other Wednesday at 3:00 PM. (See payroll calendar.)

