



OFFICE USE ONLY Program: Respite Services (In-Home)

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Employee's Name: _____

Client's Name: _____

Client Representative Name: _____

Date:	Time In	Time Out:		Date:	Time In:	Time Out:
	am/pm	am/pm			am/pm	am/pm
	am/pm	am/pm			am/pm	am/pm
	am/pm	am/pm			am/pm	am/pm
	am/pm	am/pm			am/pm	am/pm
	am/pm	am/pm			am/pm	am/pm
	am/pm	am/pm			am/pm	am/[m
	am/pm	am/pm			am/pm	am/pm

Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks?			
If so, please complete the following: Date in _____ Date out _____			
Acknowledgement and Required Signatures (not valid unless signed by both Parties):			
<p>Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on this timesheet. Your signature verifies the time and services entered above are accurate. *All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted above time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entries, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.</p>			
Employee Signature	Date	Client/Client Rep	Date