

Abundantly Blessed Home Care LLC

TIME SHEET

Pay Period (Dates): _____ Thru _____
(Monday Through Sunday)

Print Employee Name _____

Employee Phone Number _____

Print Consumer Name _____

	Month Of:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Date:								
SHIFT ONE	Time In							
	Time Out							
SHIFT TWO	Time In							
	Time Out							
SHIFT THREE	Time In							
	Time Out							
	Total							

Consumer Signature _____

(Date)

This Box Is for Official Use of Payroll Verifiers Only → PAYROLL VERIFIER COMMENTS:

Employee Note: By your signature, you certify that the hours recorded for the above dates are true and accurate and are properly verified by the client.

Employee Signature _____ (Date)

TIMESHEETS ARE DUE BY 12:00 noon MONDAY.

Please Fax to 215-475-6037

You will NOT be paid without your timesheet.

Activity Record

Directions: This is a legal document. Check the assignment/ Care plan. Check each activity that is completed. Indicate "R" if an assigned activity is refused by the consumer. Indicate "H" for Hospitalizations. **Consumer changes, including hospitalizations should be called in to the Case Manager Immediately. 215-867-9564**

Activity/Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing							
Hair Care							
Dressing							
Lotion/Ointment							
Meal/Preparation							
Eating/Drinking							
Laundry							
Light Housekeeping							
Shopping							
Medication Reminder							
Reading Writing							
Managing Finances							
Social Activities							
Telephone/Communication Devices							
Securing Transportation							
Appointment Scheduling							
Caring for Personal Posses							
Obtaining Seasonal Cloth							
Ambulation							
Range of Motion							
Supervised Walks							
Supervision/Coaching							
Toileting							
Bowl/Bladder Management							
Transfers							
Incontinence Care							
Catheter Care							

Consumer Note: By your signature, you certify that hours shown are correct, and work was completed satisfactorily for the days and time documented.