



# EMPLOYEE TIME SHEET

Employee Name: \_\_\_\_\_

Week of: \_\_\_\_\_

Notes:

CODE	ATTENDANT CARE	M	T	W	TH	F	S	S	CODE	CODE MEMBER MONITOR	M	T	W	TH	F	S	S	
10	Grocery Shop								50	Blood Pressure								
11	Exercise - Walking								54	Weight								
12	Assist with Treatments								55	Record Food Intake								
13	Shopping/Errands								56	Record Fluid Intake								
14	Accompany to Doctor								57	Record B.M.								
15	Pick Up Medication								<b>CODE</b>	<b>OTHER</b>								
16	Escort								60	Other Activities								
18	Med. Reminders								61	Educate Caregiver								
19	Budget Management								<b>CODE</b>	<b>Safety</b>								
40	Feeding/Eating								70	Assess Home Safety								
41	Meal Preparation								<b>CODE</b>	<b>TOILETING</b>								
43	Meal Delivery x 7								80	Empty Colostomy								
<b>CODE</b>	<b>PERSONAL CARE</b>								81	Catheter Care								
20	Shaving/Oral Care								82	Toileting								
21	Dressing								83	Hygiene in Toileting								
22	Foot Care								84	Toileting Schedule								
23	Bathing								85	Assist w/Schedule								
24	Hair/Skin Care								86	Teach and Train								
25	Nail Care								89	Assist with Bedpan								
<b>CODE</b>	<b>HOUSEKEEPING</b>								<b>CODE</b>	<b>TRANSFER/AMBULATE</b>								
30	Linen Change								90	Ambulate w/Cane								
31	Laundry								91	Ambulate								
33	Clean Living Areas								92	Ambulate w/Walker								
34	Clean Kitchen								93	Transfer								
36	Clean Bathroom								94	Turn Every 2 Hours								
36	Dust								95	Balance								
37	Mop								96	Hoyer Lift								
38	Vacuum								98	Apply Assist Dev.								
39	Take Out Trash								99	Assist Prosthetic								
Lifeline In place (Checked)-X																		

To be signed only when duties are COMPLETED

Employee Signature: \_\_\_\_\_

Management Signature: \_\_\_\_\_



# EMPLOYEE TIME SHEET

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Employee Signature

\*I approve these hours as services rendered and are to my satisfaction.

Week Starts Monday and ends Sunday  
Time sheets are due by Friday.  
Paychecks here Friday

\_\_\_\_\_  
Employer Name (Print)

\_\_\_\_\_  
Employer Signature

\*Employee states that above hours are correct.

Day of the Week	Time In	Time Out	Total
Mon.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Tues.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Wed.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Thurs.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Fri.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Sat.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Sun.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Total: \_\_\_\_\_