

AFFORDABLE HOME CARE SOLUTIONS



A Skilled Approach to Senior Home Care

WEEKLY TIMESHEET

FAX NUMBER (480) 451-4915

E-MAIL: timesheets@affordablehomecare.com

NAME OF EMPLOYEE: _____ WEEK ENDING: _____
 (PLEASE PRINT NAME)

**PLEASE PUT ADDRESS/TELEPHONE/NAME CHANGES ON A SEPARATE SHEET OF PAPER
THIS INCLUDES TIME OFF AND VACATION REQUESTS. THANKS**

Clients (list names): _____

DAY OF WEEK				<u>Indicate Shift</u> Days/Nights		Gas Mileage
DATES WORKED:	IN	OUT	TOTAL HRS	CLIENT SIGNATURES:	REQUIRED	or Live-Ins
SUN: _____				_____		
MON: _____				_____		
TUE: _____				_____		
WED: _____				_____		
THUR: _____				_____		
FRI: _____				_____		
SAT: _____				_____		
TOTAL HOURS:				CALL OFFICE REGARDING MILEAGE QUESTIONS		

 Employee Signature

 Date

ATTN LIVE-IN SHIFTS: By submitting this sheet you agree that your hours documented are corrected and that you received a full five (5) hours of uninterrupted sleep time and a minimum of 8 hours of total private/sleep time in every 24 hour period worked. If you did not receive the proper amount of time you need to contact the office immediately.

**TIMESHEETS MUST BE FAXED OR EMAILED TO THE OFFICE EACH WEEK BY SUNDAY, 12:00 NOON
 PLEASE MAKE COPIES OF BLANK TIMESHEETS FOR FUTURE WEEKS**