

Rhema Home Care Weekly Time Sheet

This time sheet is to be filled out correctly (no scratch marks, no whiteout, etc.) and due in the office by Monday morning.

Initials per day per task NO CHECKMARKS

Fax: 770-456-8707 or Email: rhemacoord@gmail.com

Client Name (Print) _____ Contractor Name (Print) _____

Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date							
Time In							
Time Out							
Total							
Client Initials							

Total Hours _____

Personal Care Services	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Bed Bath/Shower							
Hair Care							
Oral Care							
Nail Care							
Nutritional Support/Prep Meals							
Assist with Feeding							
Emptying Catheter Bag							
Range of Motion							
Repositioning							
Change Brief/Clean Area							

Homemaker Tasks	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Vacuum							
Mop							
Dust							
Empty Trash							
Clean Rooms							
Clean Bathrooms							
Clean Kitchen							
Laundry							
Errands							
Medication Reminder							
Observing Client-Report Changes							

Ambulation Transfer Devices	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hoyer Lift							
Sliding Board							
Gateway Belt							
Other							

Notes/Comments : _____

My signature confirms that this sheet is correct and that I have performed the activities listed.

I understand that my pay is subject to verification of this information.

This form must be submitted to a manager to process your payroll.

Client Signature: _____

Date: _____

Contractor Signature: _____

Date: _____