

OFFICE USE ONLY

Client/Acct:

Employee #:

Verify _____ / _____

ELEGED HOME CARE INC; HOMEMAKER/COMPANION CHARTING/TIME SHEET

CLIENT NAME:

EMPLOYEE NAME:

Client/Employee signatures verify that hours worked, and services provided are accurately documented here.

MONTH:

YEAR:

DAY	SAT	SUN	MON	TUES	WED	THUR	FRI	TOTAL HOURS
DATE:								
Time In								
Time Out								

HOURS WORKED

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EMPLOYEE SIGNATURE:

CLIENT/RESPONSIBLE PARTY SIGNATURE:

WASH DISHES								
CLEAN COUNTERS/SINKS								
CLEAN STOVE/OVEN								
CLEAN REFRIGERATOR								
EMPTY GARBAGE								
CLEAN BATHROOM								
CLEAN TOILETS/SINKS								
MAKE BED								
CHANGE BED LINEN								
VACUUM								
DUST								
LAUNDRY								
MOP FLOORS								
MEAL PREPARATION: B L D								
APPETITE: GOOD FAIR POOR								
SOCIALIZATION								
ERRANDS								
TRANSPORTATION								
GROCERY SHOPPING								
SOCIAL/ RECREATION								
COMPANION								
ILS								
OTHERS								

COMMENTS:

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