



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

PHONE: (612) 315-4497 • FAX: (612) 435-2770

<b>OFFICE USE ONLY</b>	Client/Acct: _____	Employee #: _____	Verify _____ / _____						
CLIENT NAME: _____		EMPLOYEE NAME: _____							
		EMPLOYEE SIGNATURE: _____							
<b>CLIENT/EMPLOYEE SIGNATURES</b> <small>verify that hours worked, and service provided are accurately documented here.</small>	DAY	SAT	SUN	MON	TUES	WED	THUR	FRI	TOTAL HOURS
	DATE:								
	Time In								
	Time Out								
MONTH: _____ YEAR: _____	<b>HOURS WORKED</b>								
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									
<b>COMMENTS:</b>									