



POLISH CARE SERVICES

254 Main Street, Unit 1, Farmington, CT 06032

TIME SHEET HOURLY

Phone: 860-255-8278 Text:860-255-8278 email: care@polishcareservices.com

Time sheet must be submitted to the office by 1:00 p.m. Monday. If time sheet is received later than 1:00 p.m. you will be paid the following pay period.

Client Name:		Office:					
Week Ending Date:		Employee Name:					
	MON	TUE	WED	THU	FRI	SAT	SUN
Dates →							
Time In	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Time Out	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
Daily Total →							
Weekly Total Hours →							
Home Mgt.							
Grocery Shopping							
Housekeeping							
Laundry							
Change Linens							
Make Bed							
Vacuum							
Dust							
Clean Bathroom							
Clean Kitchen							
Mopped Floors							
Other.....							
Transfers							
From the bed							
From the Chair							
In/Out of Car							
Other.....							
Personal Care *							
Dress							
Oral Care							
Shower/Bath							
Meds Reminder							
Assist w/ walk							
Conversation/Read							
Assist w/.....							
Eating							
Meal Prep							
Assist Feeding							
Toileting							
Bathroom							
Urinal							
Attend Briefs							
Other.....							
By initialing and signing this form, client certifies that hours shown are correct and work was done satisfactory							
Client/ Legal Rep Initials Per Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Client Signature _____ Date _____

Client's Signature certifies that the information regarding hours worked and activities performed is accurate and done satisfactorily.

Employee Signature _____ Date _____

Employee's Signature certifies that the information regarding hours worked and activities performed is accurate.