



# POLISH CARE SERVICES

254 Main Street, Unit 1, Farmington, CT 06032

## TIME SHEET LIVE IN

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
<b>Dates</b> →							
<b>Time In</b>	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
<b>Time Out</b>	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM
<b>Sleep Time</b> →							
<b>Daily Total</b> →							
<b>Weekly Total Hours</b> →							

**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 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
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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.