

# Employee Weekly Timesheet

Angels At Home Care - Clock-in/out at Client's Home with our Toll-Free Number 1-855-972-9777

DUE BEFORE 3PM EVERY SUNDAY- Turn in by Drop Box, Fax (248)254-1717 or Email a PDF via CamScanner

EMPLOYEE NAME: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

First Date of Pay Week (Saturday): \_\_\_\_\_ Last Date of Pay Week (Friday): \_\_\_\_\_

	Hourly Shifts					Live-In Shifts			
Enter Date Below For Each Day Worked	IN (AM/PM)	OUT (AM/PM)	IN (AM/PM)	OUT (AM/PM)	Total Hours	IN (AM/PM)	OUT (AM/PM)	Enter "1" for Each Shift	Total Hours
Saturday / /									
Sunday / /									
Monday / /									
Tuesday / /									
Wednesday / /									
Thursday / /									
Friday / /									
<b>TOTAL HOURS WORKED (Hourly):</b>						<b>GRAND TOTAL HOURS:</b>			

Check √ all that apply	S	S	M	T	W	TH	F	Check √ all that apply	S	S	M	T	W	TH	F
<b>BATHING/TOILETING</b>								<b>MEAL PREP - ASSISTING</b>							
Bathe- Shower								Breakfast							
Bathe- Tub								Lunch							
Bathe- in bed, sponge								Dinner							
Elimination- Toilet								Snack							
Elimination- Brief Change								Encourage Fluids							
Elimination- Commode								<b>HOUSEKEEPING</b>							
Elimination- Bed Pan								Laundry							
Elimination- Catheter								Linens							
<b>PERSONAL HYGIENE</b>								Vacuuming							
Clean Teeth/Dentures								Dusting							
Brush/Comb Hair								Dishes							
Dressing								Other							
Skin Care- lotion/cream								Make Bed							
Nail Care- trim/paint								Clean Bathroom							
Shave								Other:							
<b>MOBILITY</b>								<b>ACTIVITY</b>							
Transfer – Gait Belt								Companionship							
Transfer – Hoyer Lift								Play Games							
Transfer - OTHER								Memory Exercises							
Standby Assist - Walking								Other:							
Standby Assist w/ Walker								<b>EXERCISES</b>							
Standby Assist w/ Cane								Exercise- Range of Motion							
Push/Assist Wheelchair								Exercise- Walking							
Bed Bound - Reposition								Other:							
Physical Therapy Exercises								<b>TRANSPORTATION</b>							
<b>REMINDERS/CHECKS</b>								Doctor's Appointment							
Medications								Errands – Groceries							
Blood Sugar								Errands – Bank							
Blood Pressure								Other:							
Weight								<b>Supervision</b>							
<b>FEEDING</b>								<b>OTHER:</b>							
Feeding – Manual Assist								<b>OTHER:</b>							
Feeding – Feeding Tube								<b>OTHER:</b>							

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_