

CLIENT TIMESHEET

Month/Year _____

Employee Name: _____

Client Name: _____

Service Codes: A = Attendant FA = Family Attendant
P = Personal Care H = Housekeeping R = Respite

TIMESHEETS ARE ALWAYS DUE ON MON!!!

Day of Week	DATE (MM/DD/YY)	Service Code	CLIENT SIGNATURE	Sponge/Bed Bath	Shower	Hair care	Mouth/denture	Clothing assist	Reposition	Skin/foot care	Bathroom assist	Ambulation assist	Transfer assist	Simple exercises	Feeding	Med reminders	Companionship	Clean bedroom	Clean bathroom	Clean kitchen	Laundry	Vacuum/dust	Sweep/mop	Shopping	Food prep
S																									
U																									
M																									
T																									
W																									
T																									
H																									
F																									
S																									
A																									

Observations:
 Has there been a change in the client's condition? No Yes
Skin Integrity: Not Applicable (Housekeeping only)
 Warm, reddened or bluish-gray areas on skin? No Yes
 Redness remains after repositioning? No Yes
 Do bony areas show blisters, puffiness or broken skin? No Yes
If "Yes" is marked on any question, complete and submit an Documentation Report IMMEDIATELY.

Notes: _____

By signing this timesheet, I am stating I have worked on the dates listed. I further understand the following actions are considered fraudulent and will jeopardize my employment.

- Recording dates not worked on the timesheet.
- Asking a client to sign "in advance" or a "blank" timesheet before the date and work performed is recorded.
- Misrepresenting the work performed by checking off tasks completed if they were not.

 Employee Signature _____
Date

If someone other than client signs, signature must be: *Mary Smith, wife of Bill Smith*