

Caring for Parent Timesheet

179 S Stone St, West Suffield CT 06093-3217
 Email: Timesheets@caringforparent.com or Fax at (860) 310-1999

Use a black or blue ink pen only.

Week Ending Date: (Always Saturday)

Employee Name: (Please Print)	
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Month (MM)	Day (DD)	Year (YY)

Client Name: (Please Print)	
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As a Live-in Caregiver, it is assumed that you are able to sleep and take multiple meal breaks each day.
 Your time worked for each day is calculated as follows: **24 Hrs. - 8 Hrs. Sleep - 6 Hrs. Meal Breaks = 10 Hrs. Worked**

	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES →							
SCHEDULED PAID TIME							
TOTAL (input 10 hours in appropriate days worked)							

If your actual daily hours worked are different than 10 Hrs, please input your actual time worked below.

ACTUAL PAID TIME	PLEASE COMPLETE DETAIL OF ACTUAL TIME WORKED ON BACK OF TIMESHEET						
TOTAL (input actual hours in appropriate days worked)							

Place an "X" on the applicable tasks

PERSONAL CARE	SUN	MON	TUES	WED	THURS	FRI	SAT
Assist W/ Bathing /Dressing							
Assist W/ Toileting							
Assist W/ Transferring							
HOMEMAKER	SUN	MON	TUES	WED	THURS	FRI	SAT
Cleaning / Laundry							
Shopping / Errands							
Meal Prep. / Clean-up							
COMPANION	SUN	MON	TUES	WED	THURS	FRI	SAT
Supervise Activities							
Escort to Appointments							
Medication reminders							
OTHER	SUN	MON	TUES	WED	THURS	FRI	SAT
Task _____							
Task _____							

MILEAGE TOTAL:	WEEKLY HOUR TOTAL:
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CLIENT'S FULL SIGNATURE (or Legal Rep.)	
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Signature of Client or representative confirms the above hours are accurate, ratifies all terms of the written ISA received by client, and authorizes billing under said terms. Do not authorize in advance of service.

NOTES: _____

Employee Signature: _____ Date: _____

The above hours represent my agreed upon schedule for work hours and non-work hours (meal time, sleep time, free time) and are consistent with my agreement with my employer as to hours worked.

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TIME WORKED	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES →							
ACTUAL PAID TIME	PLEASE ENTER ACTUAL TIME WORKED IN 15 MINUTE INCREMENTS BELOW						
START OF SHIFT	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM
IN:							
OUT:							
IN:							
OUT:							
IN:							
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OUT:							
IN:							
OUT:							
IN:							
OUT:							
ACTUAL PAID TIME							
*** "ACTUAL PAID TIME" TOTAL MUST MATCH "ACTUAL PAID TIME" TOTAL ENTERED ON FRONT OF TIMESHEET							

NOTES:

The above hours represent my agreed upon schedule for work hours and non-work hours (meal time, sleep time, free time) and are consistent with my agreement with my employer as to hours worked.

Employee Signature: _____

Date: _____

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