

**DEDICATED QUALITY HOME CARE**

McKeesport, PA. 15134

Phone: 412-385-3008 / Fax: 888. 395.8650

EMPLOYEE TIME SHEET

Employee Name: \_\_\_\_\_

Consumer Name: \_\_\_\_\_

	Date	Time IN	Time OUT	Total Hours	Consumer Signature
<b>SUN</b>		AM / PM	AM / PM		X
<b>MON</b>		AM / PM	AM / PM		X
<b>TUE</b>		AM / PM	AM / PM		X
<b>WED</b>		AM / PM	AM / PM		X
<b>THU</b>		AM / PM	AM / PM		X
<b>FRI</b>		AM / PM	AM / PM		X
<b>SAT</b>		AM / PM	AM / PM		X

		S	M	T	W	H	F	S			S	M	T	W	H	F	S	
<b>PERSONAL CARE</b>									<b>HOME SUPPORT</b>									
(Check all tasks performed EACH visit)									(Check all tasks performed EACH visit)									
Bathing:									Clean/Tidy/Dust Bedroom									
Bed Bath									Bathroom									
Shower									Living room									
Hair Care: Shampoo									Dining room									
Dry/Comb/Style									Kitchen									
Oral Care/Hygiene									Empty/Clean: Bed Pan/Urinal									
Skin Care-Lotion									Bedside Commode									
Nail Care-Clean/File									Floors: Vacuum									
Shave-Electric Only									Sweep									
Dress/Undress Assist									Mop									
Toileting Assist: Toilet									Linen Change									
Bedside Commode									Laundry									
Bed Pan/Urinal									Trash									
Diaper Change									Mail Assistance									
Empty Colostomy Bag									Shopping / Errands									
Empty Catheter Bag									<b>NUTRITION</b>									
Ambulation Assistance									Meal Prep: Breakfast									
Medication Reminder									Lunch									
Feeding Assistance									Dinner									
Supervision									Snack/s									
<b>OTHER TASKS (list below)</b>									<b>ESCORT/ACCOMPANY</b>									
									Doctor's Appointment									
									Shopping / Errands									
									RN Supervisory Visit									
									Time Sheet Reviewed By:									

Notes: \_\_\_\_\_