

# Companions & Homemakers, Inc. Time Sheet

P.O. Box 568 Farmington, CT 06034-0568  
Payroll / Billing (888) 844-4442 · Fax (860) 674-8978

<b>Client Name:</b> (Please Print)				<b>Office:</b>			
<b>Week Ending Date:</b> (Always Saturday)				<b>Employee Name:</b> (Please Print)			
	<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>
<b>DATES →</b>							
<b>TIME IN</b>		am pm	am pm	am pm	am pm	am pm	am pm
<b>TIME OUT</b>		am pm	am pm	am pm	am pm	am pm	am pm
<b>DAILY TOTAL</b>							
<b><u>HOMEMAKER</u></b>							
House Cleaning / Vacuum/ Dust / Mop							
Bathroom / Kitchen/ Clean Appliances							
Laundry / Change Linens/ Ironing							
Shopping / Errands							
Meal Prep. / Clean Up							
Assist W/Communication							
*Other _____							
<b><u>COMPANION</u></b>							
Supervise Activities							
Escort to Appointments							
Reminder for Medications							
Assist W/Communication							
*Other _____							
<b>* <u>PERSONAL CARE</u></b> <i>(Private Clients Only)</i>							
Assist W/Bathing							
Assist W/Dressing							
Assist W/Eating							
Assist W/Toileting							
Assist W/Ambulation							
Assist W/Transferring							
*Other _____							
<b>CLIENT FULL SIGNATURE</b> <i>(or Legal Rep.) (PER SHIFT):</i>	/	/	/	/	/	/	/

<b>MILEAGE TOTAL:</b>	<b>WEEKLY TOTAL HOURS:</b>
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\*Client signature authorizes the billing of the above hours and that the hours are accurate. \*\*\*Please do not authorize in advance of service.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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