

CAREGIVER WEEKLY TIMESHEET

TIMESHEETS MUST BE COMPLETED WEEKLY AND TURNED IN TO NEKHC BY 10:00AM EVERY MONDAY

CAREGIVER/EMPLOYEE: _____

Day/Date	Client	Time In	Time Out	Total Hours	Personal Care	Res./Comp.	Mod. Needs
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

I HEREBY CERTIFY THAT THE ABOVE TIMESHEET IS AN ACCURATE RECORD AND REPORT OF THE HOURS I HAVE WORKED

SIGNATURE _____ DATE _____

IF YOU HAVE MILEAGE EXPENSES OR GROCERY OR OTHER MISCELLANEOUS EXPENSES FOR THE CLIENT, PLEASE ATTACH YOUR MILEAGE FORM AND RECEIPTS.

NORTHEAST KINGDOM HOMECARE, INC
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