



Each Office Independently
Owned and Operated

Weekly Time Sheet & Service Report

Client: _____ Employee: _____

Week Ending Date (Sunday): _____

Work Log (check all that apply)	Frequency of Tasks							Comments
	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
Homemaking/Companionship								
Light Housekeeping								
Laundry								
Grooming Guidance								
Meal Preparation								
Transportation								
Errands/Shopping								
Companionship								
Medication Reminder								
Personal Care Services								
Feeding								
Bath: <input type="checkbox"/> Tub <input type="checkbox"/> Bed <input type="checkbox"/> Shower								
Hair Care: <input type="checkbox"/> Comb <input type="checkbox"/> Shampoo								
Oral Care: <input type="checkbox"/> Teeth <input type="checkbox"/> Dentures <input type="checkbox"/> Swab								
Shave: <input type="checkbox"/> Electric								
Dress/Undress								
Nail Care (DO NOT CUT)								
Assist with: <input type="checkbox"/> Commode <input type="checkbox"/> Urinal <input type="checkbox"/> Bed Pan								
Empty Catheter Bag								
Protective Briefs								
Ambulate: <input type="checkbox"/> Up In Chair <input type="checkbox"/> Bed Rest								
Transfer to: _____ from: _____								
Position (specify i.e., side to side)								
Passive ROM/Exercise Guidance								
CLIENT INITIALS								

TIME LOG

	Date	Morning		Afternoon		Evening		Daily Total
		Start Time	Finish Time	Start Time	Finish Time	Start Time	Finish Time	
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								

Total Hours _____

Employee Notice: Please fill out this time sheet completely and have the client sign below.

Note: Times may vary from actual billed time if telephonic time tracking is used.

I certify that I have worked the hours listed on this sheet. While on this assignment I have not had any work related injuries that I have not reported to Comfort Keepers.

Client Notice And Verification:
The undersigned certifies that the Comfort Keepers employee named Herein worked acceptably during the period noted on this sheet.

Caregiver Signature

Client Signature