



## Worker Bi-Weekly Visit Timesheet

Employee's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Consumer's Name \_\_\_\_\_

Pay Period Start Date: \_\_\_\_\_ Pay Period End Date: \_\_\_\_\_

Services	Week 1							Week 2							Signatures		
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	Week 1		
Bathing															<b>Day</b>	<b>Consumer</b>	<b>Employee</b>
Toileting															S		
Lotion / Ointment															M		
Dressing															T		
Oral Care / Dentures															W		
Range of Motion															T		
Supervision/Coaching															F		
Hair Care															S		
Transfers															<b>Week 2</b>		
Laundry / Fold															<b>Day</b>	<b>Consumer</b>	<b>Employee</b>
Light Housekeeping															S		
Meal Preparation															M		
Feeding															T		
Shopping															W		
Reminding Medicine															T		
Reading/Writing															F		
Finance Mgmt.															S		
Socialization															<b>Supervisor / Manager</b>		
Scheduling Appmnt.															_____		
Phone / Com. devices															Total Hours / Units: <input style="width:100px; height:20px;" type="text"/>		
Secure Transportation																	
Get Seasonal Clothing																	
Bowel/Bladder Mgmt.																	
Supervised Walks																	
Other .....																	
<b>Week 1 Hrs:</b> _____							<b>Week 2 Hrs:</b> _____										

**Employee MUST FOLLOW SERVICE PLAN EXACTLY AS ORIENTED.**

Week 1	Date →							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Time-in							
	Time-out							
Hours								
Week 2	Date →							
		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Time-in							
	Time-out							
Hours								