

**Compassionate Care at Home Time Sheet- HOMEMAKER USE ONLY**

625 East Main Street, Ste 1, Branford, CT 06405

Phone: (203) 433-7014 Fax: (203) 208-2597

**Client Name:**  
(PLEASE PRINT)

**Employee Name:**  
(PLEASE PRINT)

**Week Ending Date:**

	SAT	SUN	MON	TUE	WED	THUR	FRI
<b>DATES:</b>							
<b>TIME IN:</b>	am pm	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	am pm
<b>DAILY TOTAL:</b>							

House Cleaning/ Vacuum/ Dust/Mop							
Bathroom/Kitchen/ Clean Appliances							
Laundry/ Change Linens/ Ironing							
Shopping/Errands							
Meal Prep/ Clean- Up							
Assist with Communication							
**Other__							

**CLIENT FULL  
SIGNATURE**  
(or legal Rep.)  
(PER SHIFT):

**MILEAGE TOTAL:**

**WEEKLY TOTAL HOURS:**

**\*\*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.)

**\*\*FOR HOMEMAKER USE ONLY\*\***