



TIME SHEET & PROGRESS NOTE

Client Name: _____

Pay Period: _____

Address: _____

Policy Number: _____

Date		1 st / 16 th	2 nd / 17 th	3 rd / 18 th	4 th / 19 th	5 th / 20 th	6 th / 21 st	7 th / 22 nd	8 th / 23 rd	9 th / 24 th	10 th / 25 th	11 th / 26 th	12 th / 27 th	13 th / 28 th	14 th / 29 th	15 th / 30 th	31 st	TOTAL	
Year:	Time IN																		
Live in ()	Time OUT																		
Live Out ()	Hours																		
	Mileage																		
EMPLOYEE MEAL BREAKS																			
Breakfast	Time OUT																		
	Time IN																		
Rest Period	Time OUT																		
	Time IN																		
Lunch	Time OUT																		
	Time IN																		
Rest Period	Time OUT																		
	Time IN																		
Dinner	Time OUT																		
	Time IN																		
EMPLOYEE SLEEP BREAK (For Live In Shifts only)																			
Time OUT																			
Time IN																			
CLIENT ACTIVITIES																			
Complete Bed Bath																			
Tub Bath/Shower																			
Shampoo Hair																			
Oral Hygiene																			
Dressing Assistance																			
Turn & Position																			
Linen Change																			
Diaper Change																			
Exercises																			
MEAL PREPARATION																			
Ambulation:																			
Walker () Cane ()																			
Wheelchair ()																			
Laundry																			
Vacuuming/Dusting																			
Bathroom – Tidy Up/Maintenance																			
Make/Change Bed																			
Kitchen – Tidy Up/Maintenance																			

****NOTE:** All caregivers must check the services provided to the client. Encircle the corresponding date.

Employee Name: _____

Client/Responsible Party Name: _____

Employee Signature: _____

Client/Responsible Party Signature: _____

I hereby certify that the hours shown were worked by me, the sleep hours & meal breaks are taken as indicated and were properly certified by the client named above.

Execution of this form by the client/responsible party constitutes a certification that the total hours listed and activities are correct as stated and the work was performed in a satisfactory manner.