

TIMESHEET HOURLY

Day	Date				V	ISIT	ΓS		Please check off only what was							
		Time In				Time Out			completed and instructed on the care							ire
Monday									plan. Please email completed timesheets to: timesheets@theseniorcompany.com							
Tuesday									PLEASE REP							
Wednesday									IN CLIENTS HEALTH CONDITION /							
Thursday								FALLS/ OR CARE NEEDS TO NURSING SUPERVISIOR ASAP!								
Friday Saturday									PLEASE CALL 973-554-3210							
									24/7HRS							
Sunday																
DEDO	NAL GADE	T 3.4	I - I w	.,	 -	10	10		IN A TION	150	-	1147	I -	_	_	
PERSONAL CARE			T V	V	Th F	S	Su		INATION	M		W	Th	r	5	Su
Assist with Bathing								Incontinence C								
Assist W/Dressing		$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}$						Assist with toil	•							ļ
Skin Care/ Grooming/ Oral Hygiene		<u> </u>						Record Bowel	Movements							
NUTRITION		<u> </u>						MC	BILITY							
Meal Prep								Transfer Chair	/Commode							
Assist with Feeding								Assist W/Amb	mbulation							
Encourage Fluids								Encourage RC	ncourage ROM and PT							
								Turn & Positio	n							
	05/555010	<u> </u>														
HOUSEKEEPING									MONITORING							1
Make Bed/Change Linen								Daily Appetite								
Tidy Work Area/Trash Removal								Vital Signs								
Light housekeeping		<u> </u>						Medication Reminder (Verbal)								1
Laundry		<u> </u>						Encourage De	ep Breathing							
Client's Name:(Please Print)								Aide's Name:(Please Print)								
	(Ficase Fillit)	'							(FiedSe	i illit	,					
Client's Signature:(Please Sign)							Aide's Name:	e's Name:(Please Sign)								
	(Please Sign)	1							(Please	Sign)					
Olient is u	nable to sign															

*THIS TIMESHEET MUST BE SIGNED BY THE CLIENT OR CLIENT REPRESENTATIVE.

*All Timesheets are to be turned into the office every Tuesday by 5:00 pm. Email a clear picture to TIMESHEETS@theseniorcompany.com or fax to 862-257-3998 or mail to: