

# DEPENDABLE STAFFING®

Client Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

## PRIVATE CARE WEEKLY TIMESHEET AND NOTES

Week Ending Date: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:							
Time In:							
Time Out:							
Less Lunch:							
Total Daily Hours:							
Client Initials: X							

Total Weekly Hours: \_\_\_\_\_

Fax completed timesheet and notes to (602) 264-1443 by Monday at noon.

Caregiver Must Complete Each Day	✓ ASSISTANCE PROVIDED	SUN	MON	TUE	WED	THU	FRI	SAT
	Dietary							
	Errands							
	Laundry							
	Light Housekeeping							
	Medical Care							
	Medication							
	Personal Hygiene							
	Rehab / Physical Therapy							
	Specialized Care Plan							
	Transfers / Lifting / Mobility							
	Additional Assistance	✓						
	✓							
	✓							

### Additional Caregiver Notes:

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

X

EMPLOYEE SIGNATURE

DATE

X

WEEKLY AUTHORIZED CLIENT SIGNATURE

3507 North Central Avenue - First Floor - Phoenix, Arizona 85012 Phone 602-264-1444 - Fax 602-264-1443

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