



ASK...for Home Care

Employee _____
 Client _____
 Pay Period From _____
 To _____

Instructions: Complete and submit to office by Monday of payweek. Incomplete, unsigned, or late Time Sheets will result in late paychecks. If client is unable to sign, give explanation in signature space. Use back for explanations. Shaded areas for office use only.

TIME SHEET & MILEAGE

	M	T	W	Th	F	Sa	Su	Week 1	M	T	W	Th	F	Sa	Su	Week 2	Totals
Enter date for each day worked								Regular Hours: _____								Regular Hours: _____	Regular Hours: _____
AM Time in																	
Time out								Overtime Hours: _____								Overtime Hours: _____	Overtime Hours: _____
PM Time in																	
Time out								Holiday Hours: _____								Holiday Hours: _____	Holiday Hours: _____
TOTALS																	

MILES TRAVELED ON CLIENT BUSINESS

	M	T	W	Th	F	Sa	Su		M	T	W	Th	F	Sa	Su	
Medical																PAY _____ mi. x \$ _____ = \$ _____ BILL _____ mi. x \$ _____ = \$ _____
Shopping/Errands																
Recreational																

I certify that the information reported on this form is accurate and the hours reflect actual time on the job.

Employee Signature _____ PCA/CNA

I certify that the time reported is accurate and that the work was completed in a satisfactory manner. Any complaints will be reported immediately.

Client Signature _____