## COOMBS HOME CARE AGENCY INC. TIMESHEET CELL PHONE USE IS PERMITTED IN THE CLIENT'S HOME FOR EMERGENCIES ONLY

HSW:	(p:	orint)	CLIENT:	(print)
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## PERIOD WORKED: Jun 28-Jul 11, 2026

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	28	□am	□am	□am	□am	□am		
		□pm	□pm	□pm	□pm	□pm	□pm	
Monday	29	□am	□am	□am	□am	□am		
		□pm	□pm	□pm	□pm	□pm	□pm	
Tuesday	30	□am	□am	□am	□am	□am	□am	
J		□pm	□pm	□pm	□pm	□pm	□pm	
Wednesday	1	□am	□am	□am	□am	□am	□am	
· · · canesaay	(STAT)	□pm	□pm	□pm	□pm	□pm	□pm	
Thursday	2	□am	□am	□am	□am	□am	□am	
Thursday	2	□pm	□pm	□pm	□pm	□pm		
Friday	3	□am	□am	□am	□am	□am	□am	
Tiuay	3	□pm	□pm	□pm	□pm	□pm		
Saturday	4	□am	□am	□am	□am	□am		
Saturday	4	□pm	□pm	□pm	□pm	□pm		
		-	1	•	1		TOTAL HOURS WK #1	
Sunday	5	□am	□am	□am	□am	□am	□am	
Sunday		□pm	□pm	□pm	□pm	□pm		
Monday	6	□am	□am	□am	□am	□am	□am	
Wionday	O	□pm	□pm	□pm	□pm	□pm		
Tuesday	7	□am	□am	□am	□am	□am	□am	
Tuesday	,	□pm	□pm	□pm	□pm	□pm		
Wednesday	8	□am	□am	□am	□am	□am		
wednesday	0	□pm	□pm	□pm	□pm	□pm		
Tl 1	9	□am	□am	□am	□am	□am	•	
Thursday	9	□pm	□pm	□pm	□pm	□pm		
E 11	10			-			-	
Friday	10	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
C +- 1	11	-	-	•		*		
Saturday	11	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
		_pm	_pm	Эрт	Эрш			
							TOTAL HOURS WK #2	
		I		TOTAL H	IOURS WOR	KED WK #1	and WK #2	
				101/11/11	ioons won	1111 VIX π1	und 1111/12	

Saturday 11			□pm	□pm	⊔am □pm	⊔am □pm	⊔am □pm		
Wednesday 8	Tuesdav	7	□am	□am	□am	□am	□am	□am	
Thursday 9		,	□pm	□pm	□pm	□pm	□pm	□pm	
Thursday 9	Wednesday	8	□am	□am	□am	□am	□am	□am	
Friday 10			□pm	□pm	□pm	□pm	□pm	□pm	
Friday 10	Thursday	9	□am	□am	□am	□am	□am	□am	
Saturday 11			□pm	□pm	□pm	□pm	□pm	□pm	
Saturday 11	Friday	10	□am	□am	□am	□am	□am	□am	
TOTAL HOURS WORKED WK #1 and WK #2  CLIENT'S SIGNATURE:  [I certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certify that I have worked the hours listed during this pay period.]  SUPERVISOR'S SIGNATURE:  [In certif	•		□pm	□pm	□pm	□pm	□pm	□pm	
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