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

HSW:	(print)	CLIENT:	(print)
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PERIOD WORKED: July 28-Aug 10, 2024

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 □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	29	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	30	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	31	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	1	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	2	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	3	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #1	
Sunday	4	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	5	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	6	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	7	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	8	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	9	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	10	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #2	
				TOTAL H	IOURS WOR	KED WK #1	and WK #2	

Tucsday	30	□pm	□pm	□pm	□pm	□pm	□pm	
Wednesday	31	□am □pm	□am □pm	□am □pm	□am □pm		□am □pm	
Thursday	1	□am	□am	□am	□am	-	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Friday	2	□am □pm	□am □pm	□am □pm	□am □pm		□am □pm	
Saturday	3	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm TOTAL	
							HOURS WK #1	
Sunday	4	□am	□am	□am	□am		□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Monday	5	□am	□am	□am	□am		□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Tuesday	6	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Wednesday	7	□am	□am	□am	□am	□am	□am	
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Thursday	8	□am	□am	□am	□am	□am	□am	
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Friday	9	□am	□am	□am	□am	□am	□am	
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Saturday	10	□am	□am	□am	□am	_	□am	
Saturday	10	□pm	□pm	□pm	□pm		□pm	
			-	_			TOTAL	
							HOURS WK #2	
				TOTAL H	IOURS WOF	RKED WK #1	and WK #2	
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LIENT 5 510	GNAIUR	RE:						
certify that I h	have work	ted the hours list	ed during this	s pay period.				
ISW'S SIGNA	ATURE:			SUPERV	VISOR'S SIG	ENATURE:		
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ne timesheet	ner client	Record only a	etual houre w	orked each da	v Email fav	or deliver vou	ır timesheets or	the Sunday follo
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ic cha of the p	bay period	i. Timesheet s re	ectived after 1	violiday will i	csuit iii a ucia	y iii pay.		
<u>IMESHEET</u>	S MUST	BE SIGNED B	Y THE CLII	ENT AND HS	<u>sw.</u>			
MAIL: Tim	esheets@	coombshomeca	re.com FA	X: 594-2062				
OFFICE ONL	<u>Y:</u> Client	t #1 hrs:	Client #	2 hrs:	Client #3	hrs:	Client #4 hrs:	
otal hours: _							D.D./CHQ. #	