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: Aug 25-Sept 7, 2024

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	25	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	26	⊐am □pm	□am □pm	□am □pm	□am □pm		□am	
Tuesday	27	□am □pm	□am	□am □pm	□am □pm	□am	□am	
Wednesday	28	□am □pm	□am	□am □pm	□am □pm	□am □pm	□am	
Thursday	29	□am □pm	□am	□am	□am	□am □pm	□am	
Friday	30	□am □pm	□am	□am	□am	□am □pm	□am	
Saturday	31	□am	□am	□am	□am	□am	□am	
						<u> </u>	TOTAL HOURS WK #1	
Sunday	1	□am □pm	□am □pm	□am □pm	□am □pm	□am		
Monday	2 (STAT)	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	3	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	4	□am □pm	□am □pm	□am □pm	⊐am □pm	□am □pm		
Thursday	5	□am □pm	□am □pm	□am □pm	⊐am □pm	□am □pm	□am	
Friday	6	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	7	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #2	
	1		<u> </u>	TOTAL H	IOURS WOR	KED WK #1	and WK #2	

Saturday Sunday I am pm Sunday I am pm Monday I am pm Staturday I am pm Tuesday Wednesday I am pm Thursday Saturday Saturday To am pm Thursday I cam pm Thursday I cam pm Thursday I cam pm Thursday I cam pm Thursday Thursd	□am □pm	□am □pm	□am □pm	H Gam Gpm Gam Gam Gpm Gam Gam Gam Gam Gam Gam Gam Gam Gam Ga	COTAL IDURS WK #1 IDURS WK #2	
Sunday 1	am pm	am pm	□am □pm	Gam Gpm	COTAL HOURS WK #1 Dam Dpm Dam Dpm Dam Dpm	
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Monday 2 (STAT) Tuesday 3 Wednesday 4 Indicates a second of the control of	□am □pm □am □pm □am □pm □am □pm □am □pm □am □pm	am pm	□am □pm	am pm	am opm cam opm cotal of the table	
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Tuesday 3	□am □pm □am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm □am □pm □am □pm	am opm oam opm oam opm oam opm	
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Wednesday 4	□am □pm □am □pm □am □pm □am	□am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm	
Thursday 5 am pm Friday 6 am pm Saturday 7 am pm CLIENT'S SIGNATURE:	□pm □am □pm □am □pm □am	□pm □am □pm □am □pm □am □pm	□pm □am □pm □am □pm □am □pm	□pm □am □pm □am □pm □am □pm □am □pm	□pm □am □pm □am □pm □am □pm □am □pm	
Thursday 5	□am □pm □am □pm	□am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm □am □pm	□am □pm □am □pm □am □pm	
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Saturday 7 am pm pm CLIENT'S SIGNATURE:	□pm □am	□pm □am □pm	□pm □am □pm	□pm □am □pm	□pm □am □pm □TOTAL	
Saturday 7 Dam Dpm CLIENT'S SIGNATURE:	□am	□am □pm	□am □pm	□am □pm	□am □pm	
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I certify that I have worked the hours listed						
	during this pa	ay period.				
HOWIE CLENATURE.		CHDEDM	CODIC CICN	TUDE.		
HSW'S SIGNATURE:		_ SUPERVI	SUK'S SIGNA	ATUKE:		
One timesheet per client. Record only actu	ial hours work	ed each day	Email fax or	deliver vour	· timesheets on	the Sunday
the end of the pay period. Timesheet's rece					timesheets on	ine bunday .
ne ona or me pay period. Timesheet's rece	irea arter ivio		an in a aciay ii	· paj.		
TIMESHEETS MUST BE SIGNED BY	THE CLIEN	T AND HSW	/ .			
			-			
EMAIL: <u>Timesheets@coombshomecare</u>	.com FAX:	: 594-2062				
OFFICE ONLY: Client #1 hrs:	Cliant #2 1	hrs:	Client #3 hrs	:	Client #4 hrs:	
Fotal hours:	_ Chent #2 i					