COOMBS 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 23-Sep 5, 2026

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	23	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	24	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	25	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	26	□am □pm	□am □pm	□am □pm	□am □pm	□am		
Thursday	27	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	28	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	29	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #1	
Sunday	30	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	31	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	1	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	2	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	3	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	4	□am □pm	□am □pm	□am □pm	□am □pm	□am		
Saturday	5	□am □pm	□am □pm	□am □pm	□am □pm	□am		
							TOTAL HOURS WK #2	
-	1	I	l	TOTAL H	OURS WOR	KED WK #1	and WK #2	

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Monday	31	□am	□am	□am	□am	□am	□am	
,		□pm	□pm	□pm	□pm	□pm	□pm	
Tuesday	1	□am	□am	□am	□am	□am	□am	
J		□pm	□pm	□pm	□pm	□pm	□pm	
Wednesday	2	□am	□am	□am	□am	□am	□am	
	_	□pm	□pm	□pm	□pm	□pm	□pm	
Thursday	3	□am	□am	□am	□am	□am	□am	
111012000)		□pm	□pm	□pm	□pm	□pm	□pm	
Friday	4	□am	□am	□am	□am	□am	□am	
11144)	•	□pm	□pm	□pm	□pm	□pm	□pm	
Saturday	5	□am	□am	□am	□am	□am	□am	
- 3101001	5	□pm	□pm	□pm	□pm	□pm		
							TOTAL	
							HOURS WK #2	
				TOTAL HO	OURS WOR	KED WK #1	and WK #2	
CLIENT'S SI	GNATUR	RE:			OURS WOR	KED WK #1	and WK #2	
I certify that I	have work	ed the hours listed	d during this	s pay period.				
I certify that I	have work		d during this	s pay period.				
I certify that I HSW'S SIGN One timesheet	have work ATURE: per client.	ed the hours listed	d during this	s pay period. SUPERVI orked each day.	I SOR'S SIG Email, fax,	NATURE:_ or deliver you		
I certify that I HSW'S SIGN One timesheet the end of the	have work ATURE:_ per client. pay period	ed the hours listed	d during this ual hours we eived after M	s pay period. SUPERVI orked each day. Monday will res	SOR'S SIG Email, fax, sult in a delay	NATURE:_ or deliver you		
I certify that I HSW'S SIGN One timesheet the end of the IMESHEET	have work ATURE:_ per client. pay period CS MUST	Record only act	d during this ual hours wo eived after M	s pay period. SUPERVI orked each day. Monday will res	SOR'S SIG Email, fax, sult in a delay	NATURE:_ or deliver you		
I certify that I HSW'S SIGN One timesheet the end of the FIMESHEET EMAIL: Tim	have work ATURE:_ per client. pay period S MUST nesheets@	Record only act . Timesheet's rec	d during this ual hours we eived after M THE CLIE e.com FA	s pay period. SUPERVI Orked each day. Monday will res ENT AND HSV X: 594-2062	I SOR'S SIG Email, fax, sult in a delay <u>V.</u>	NATURE: or deliver you y in pay.	ur timesheets o	n the Sunday fo