COOMBS COMPASSIONATE 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: Sept 8-21, 2024

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	8	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Monday	9	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Tuesday	10	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Wednesday	11	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Thursday	12	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Friday	13	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Saturday	14	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
							TOTAL HOURS WK #1	
Sunday	15	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Monday	16	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Tuesday	17	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Wednesday	18	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Thursday	19	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Friday	20	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Saturday	21	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
							TOTAL HOURS WK #2	
	1	1	<u> </u>	TOTAL H	IOURS WOR	KED WK #1	and WK #2	

Sunday	15	□am □pm	□am □pm	□am □pm	□am □pm			
Monday	16	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Tuesday	17	□am	□am	□am	□am			
		□pm	□pm	□pm	□pm	□pm	□pm	
Wednesday	18	□am	□am	□am	□am			
		□pm	□pm	□pm	□pm	□pm	□pm	
Thursday	19	□am	□am	□am	□am	□am	□am	
,		□pm	□pm	□pm	□pm	□pm	□pm	
Friday	20	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Saturday	21	□am	□am	□am	□am	□am	□am	
Saturday	<i>L</i> 1	□pm	□pm	□pm	□pm			
				_			TOTAL	
							HOURS WK #2	
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I certify that I h	nave work	ted the hours liste	d during thi	is pay period.		RKED WK #1		
I certify that I h	nave work		d during thi	is pay period.		RKED WK #1		
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