**COOMBS HOME CARE AGENCY INC. TIMESHEET**

CELL PHONE USE IS PERMITTED IN THE CLIENT'S HOME FOR EMERGENCIES ONLY

HSW: _____(print) CLIENT:_____(print)

PERIOD WORKED: Mar 22-Apr 4, 2026

| DAY | DATE | SHIFT #1 START | SHIFT #1 END | SHIFT #2 START | SHIFT #2 END | SHIFT # 3 START | SHIFT # 3 END | HOURS WORKED |
|---|---|---|---|---|---|---|---|---|
| Sunday | 22 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Monday | 23 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Tuesday | 24 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Wednesday | 25 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Thursday | 26 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Friday | 27 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Saturday | 28 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| | | | | | | | **TOTAL HOURS WK #1** | |
| Sunday | 29 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Monday | 30 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Tuesday | 31 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Wednesday | 1 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Thursday | 2 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Friday | 3 (STAT) | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| Saturday | 4 | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | □am □pm | |
| | | | | | | | **TOTAL HOURS WK #2** | |
| **TOTAL HOURS WORKED WK #1 and WK #2** | | | | | | | | |

**CLIENT'S SIGNATURE**: _____

I certify that I have worked the hours listed during this pay period.

**HSW'S SIGNATURE:**_____ **SUPERVISOR'S SIGNATURE:**_____

One timesheet per client. Record only actual hours worked each day. Email, fax, or deliver your timesheets on the Sunday following the end of the pay period. Timesheet's received after Monday will result in a delay in pay.

**TIMESHEETS MUST BE SIGNED BY THE CLIENT AND HSW.**

**EMAIL:** Timesheets@coombshomecare.com **FAX**: 594-2062

**OFFICE ONLY:** Client #1 hrs: _____ Client #2 hrs: _____ Client #3 hrs: _____ Client #4 hrs: _____

Total hours: _____ D.D./CHQ. #_____