**COOMBS COMPASSIONATE HOME CARE INC ™**

**Box 1680, 109-111 Main Road, Bay Roberts, NL A0A 1G0 PH: 709-589-2191**

**PAY PERIOD: December 18-31, 2022**

**ACCESS WORKER:**

**Family Name: (LAST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FIRST) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child/ren’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reports need to be handed in EVERY Monday.

Signed time sheets are due no later than 10AM Monday after period end date. **Please use BLACK INK!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week #1** |  | **ACTUAL VISIT** **TIME**  **Please circle “am” or “pm”** | **TRAVEL TIME**  **(# OF HRS.)** | **REPORTS COMPLETED**  **please circle Yes or No and note number of reports** |
| **18** | **SUNDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **19** | **MONDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **20** | **TUESDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **21** | **WEDNESDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **22** | **THURSDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **23** | **FRIDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **24** | **SATURDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **WK #1 TOTAL HRS: \_\_\_\_\_\_\_** |  | **TOTAL of Visit Hours:**  **\_\_\_\_\_\_\_\_** | **TOTAL of Travel: \_\_\_\_\_\_\_\_** | **TOTAL of REPORTS:**  **\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week #2** |  | **ACTUAL VISIT** **TIME**  **Please circle “am” or “pm”** | **TRAVEL TIME**  **(# OF HRS.)** | **REPORTS COMPLETED**  **please circle Yes or No and note number of reports** |
| **25 (STAT)** | **SUNDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **26** | **MONDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **27** | **TUESDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **28** | **WEDNESDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **29** | **THURSDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **30** | **FRIDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **31** | **SATURDAY** | **Time of visit: am/pm am/pm** |  | **YES / NO** |
| **WK #1 TOTAL HRS: \_\_\_\_\_\_\_** |  | **TOTAL of Visit Hours:**  **\_\_\_\_\_\_\_\_** | **TOTAL of Travel: \_\_\_\_\_\_\_\_** | **TOTAL of REPORTS:**  **\_\_\_\_\_\_\_** |

Cell phones ARE required for emergencies only BUT Laptops or Tablets are NOT permitted at any time.

**Employee’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agency Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Drop off or forward time sheets to : FAX: 594-2062 or E-mail: juanita@coombshomecare.com**

**FOR OFFICE USE ONLY. PLEASE LEAVE BLANK**.

TOTAL HOURS OF ACTUAL VISITS: \_\_\_\_\_\_\_\_\_\_\_ TOTAL HOURS OF TRAVEL (IF APPLICABLE):\_\_\_\_\_\_\_\_\_

TOTAL TIME OF REPORT WRITING: \_\_\_\_\_\_\_\_\_\_ TOTAL # OF HRS. TO BE INVOICED: \_\_\_\_\_\_\_

SEE CHEQUE/DD#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_