

**COOMBS COMPASSIONATE HOME CARE INC ®™**

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

PAY PERIOD: July 28-Aug 10, 2024

**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
28	SUNDAY	Time of visit:      am/pm      am/pm		YES / NO
29	MONDAY	Time of visit:      am/pm      am/pm		YES / NO
30	TUESDAY	Time of visit:      am/pm      am/pm		YES / NO
31	WEDNESDAY	Time of visit:      am/pm      am/pm		YES / NO
1	THURSDAY	Time of visit:      am/pm      am/pm		YES / NO
2	FRIDAY	Time of visit:      am/pm      am/pm		YES / NO
3	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
4	SUNDAY	Time of visit:      am/pm      am/pm		YES / NO
5	MONDAY	Time of visit:      am/pm      am/pm		YES / NO
6	TUESDAY	Time of visit:      am/pm      am/pm		YES / NO
7	WEDNESDAY	Time of visit:      am/pm      am/pm		YES / NO
8	THURSDAY	Time of visit:      am/pm      am/pm		YES / NO
9	FRIDAY	Time of visit:      am/pm      am/pm		YES / NO
10	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](mailto: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#: \_\_\_\_\_