COOMBS COMPASSIONATE HOME CARE INC ®™

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

PAY PERIOD: Dec 15-28, 2024

ACCESS WORL	KER:		TAITEMOD	. Dec 13 20, 2024		
Family Name: (LAST)		(FIRST)				
Child/ren's Nam	ne(s):					
Address:						
		Reports no	eed to be hande	ed in EVERY M	londay.	
Signe	ed time sheets	s are due no late	r than 10AM Mo	onday 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
15	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
16	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
17	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
18	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
19	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
20	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
21	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	urs:	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
22	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
23	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
24	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
25 (STAT)	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
26	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
27	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
28	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	urs:	TOTAL of Travel:	TOTAL of REPORTS:
Ce	ell phones ARE	required for emerg	gencies only BUT	Laptops or Tablets	s are NOT permitted a	at any time.
Employee's 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 TOTAL TIME OF		VISITS:	TOTAL HOU		(IF APPLICABLE):_	

SEE CHEQUE/DD#: