

**COOMBS HOME CARE INC ®™**

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

PAY PERIOD: Mar 8-21, 2026

**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<br>Please circle "am" or "pm" | TRAVEL TIME<br>(# OF HRS.) | REPORTS COMPLETED<br>please circle Yes or No and<br>note number of reports |
|---------------------------|-----------|-------------------------------------------------|----------------------------|----------------------------------------------------------------------------|
| 8                         | SUNDAY    | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| 9                         | MONDAY    | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| 10                        | TUESDAY   | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| 11                        | WEDNESDAY | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| 12                        | THURSDAY  | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| 13                        | FRIDAY    | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| 14                        | SATURDAY  | Time of visit:      am/pm      am/pm            |                            | YES / NO                                                                   |
| WK #1 TOTAL HRS:<br>_____ |           | TOTAL of Visit Hours:<br>_____                  | TOTAL of Travel:<br>_____  | TOTAL of REPORTS:<br>_____                                                 |

| Week #2                   |           | ACTUAL VISIT TIME<br>Please circle "am" or "pm" | TRAVEL TIME<br>(# OF HRS.) | REPORTS COMPLETED<br>please circle Yes or No and<br>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:<br>_____ |           | TOTAL of Visit Hours:<br>_____                  | TOTAL of Travel:<br>_____  | TOTAL of REPORTS:<br>_____                                                 |

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#: \_\_\_\_\_