

COOMBS COMPASSIONATE HOME CARE AGENCY INC. TIMESHEET
CELL PHONE USE IS PERMITTED IN THE CLIENT'S HOME FOR EMERGENCIES ONLY

HSW: _____ (print)

CLIENT: _____ (print)

PERIOD WORKED: DECEMBER 11-24, 2016

DAY	DATE	SHIFT START	SHIFT END	HOURS WORKED
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday (STAT)				
Saturday				
TOTAL HOURS WORKED				

CLIENT'S SIGNATURE: _____

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED DURING THIS PAY PERIOD.

HSW'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

HSW'S ARE REMINDED TO BRING THEIR OWN FOOD.

One timesheet per client.

Record only actual hours worked each day.

Email, fax, or deliver your timesheets on the Monday following the end of the pay period.

Timesheet's received after Monday may result in a delay in pay. **TIMESHEETS MUST BE SIGNED BY THE CLIENT AND HSW.**

EMAIL: COOMBSCOMPASSIONATE@HOTMAIL.COM

FAX: 589-2062

D.D./CHQ. # _____