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

HSW:	_(print)	CLIENT:(	(print)
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PERIOD WORKED: November 20 – December 3, 2022

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	20	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Monday	21	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	22	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	23	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	24	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	25	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	26	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
							TOTAL HOURS WK #1	
Sunday	27	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Monday	28	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Tuesday	29D	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Wednesday	30	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Thursday	01	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	02	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	03	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #2	
		<u>"</u>		TOTAL H	IOURS WOR	KED WK #1	and WK #2	

Wednesday 3 Thursday 0 Friday 0 Saturday 0 CLIENT'S SIGNA I certify that I have HSW'S SIGNATU	e worked				□pm □am □pm □am □pm □am □pm □am □pm □am □pm □am □pm	нс	□pm □am □pm □am □pm □am □pm □am □pm □am □pm □am □pm □dam □pm □dam □dam □dam □dam □dam □dam □dam □da	
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One timesheet per	UKE:			SUPERVIS	OR'S SIGNA	ΓURE:		
TIMESHEETS M	period. T	imesheet's rece	ived after M	Ionday will resu	lt in a delay in		imesheets on th	he Sunday fol
EMAIL: Timeshe	neets@coo	mbshomecare	.com FAX	<b>X</b> : 594-2062				
OFFICE ONLY:	Client #1	hrs:	_ Client #2	! hrs:	Client #3 hrs:	C	Client #4 hrs: _	
Total hours:						т	D.D./CHQ. #	