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: September 12 – September 25, 2021

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	12	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Monday	13	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Tuesday	14	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Wednesday	15	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Thursday	16	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Friday	17	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Saturday	18	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
							TOTAL HOURS WK #1	
Sunday	19	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Monday	20	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Tuesday	21	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Wednesday	22	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Thursday	23	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Friday	24	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Saturday	25	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
							TOTAL HOURS WK #2	
		·	<u> </u>	TOTAL F	IOURS WOR	KED WK #1	and WK #2	

Tuesday								
	14	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	15	□am	□am	□am		□am		
		□pm	□pm	□pm	□pm	□pm	□pm	
Thursday	16	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	17	□am	□am	□am	*	□am	-	
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Saturday	18	□am	□am	□am		□am		
		□pm	□pm	□pm	□pm	□pm	□pm TOTAL	
							HOURS WK #1	
Sunday	19	□am	□am	□am	□am	□am		
		□pm	□pm	□pm	□pm	□pm		
Monday	20	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	21	□am	□am	□am	□am	□am		
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Wednesday	22	□am	□am	□am	□am	□am		
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Thursday	23	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	24	□am	□am	□am	□am	□am	□am	
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Saturday	25	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
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,							HOURS WK #2	
				TOTAL I	HOURS WOF	RKED WK #1		
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·	GNATUF	RE:		TOTAL I	HOURS WOF	RKED WK #1		
CLIENT'S SI		RE:	sted during th		 HOURS WOF	RKED WK #1		
CLIENT'S SI	have work	ed the hours li	C	is pay period.				
CLIENT'S SI I certify that I	have work	ed the hours li	sted during th	is pay period.	HOURS WOF			
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