## 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: June 15-28, 2025

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	15	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	16	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	17	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	18	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	19	□am □pm	□am □pm	□am □pm	□am □pm	□am		
Friday	20	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	21	□am □pm	□am □pm	□am □pm	□am □pm	□am		
							TOTAL HOURS WK #1	
Sunday	22	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	23	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	24	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	25	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	26	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	27	□am □pm	□am □pm	□am □pm	□am □pm	□am		
Saturday	28	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #2	
		<u>'</u>	1	TOTAL H	IOURS WOR	KED WK #1	and WK #2	

Saturday	21	⊔am	⊔am	⊔am	⊔am	⊔am		
		□pm	□pm	□pm	□pm	□pm	-	
							TOTAL HOURS WK #1	
Sunday	22	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Monday	23	□am	□am	□am	□am	□am	□am	
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Tuesday	24	□am	□am	□am	□am	□am	□am	
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Wednesday	25	□am	□am	□am	□am	□am	□am	
Wednesday	23	□pm	□pm	□pm	□pm	□pm		
Thursday	26	□am	□am	□am	□am	□am	□am	
Thursday	20	□pm	□pm	□pm	□pm	□pm		
Friday	27	□am	□am	□am	□am	□am	□am	
1 Haay	41	□pm	□pm	□pm	□pm	□pm		
Saturday	28	□am	□am	□am	□am	□am	□am	
Saturday	20	□pm	□pm	□pm	□pm	□pm		
-			*	1			1	
-							TOTAL	
							TOTAL HOURS WK #2	
-				TOTAL HO	AUDS WAD		HOURS WK #2	
-				TOTAL HO	OURS WOR			
CLIENT'S SIG	GNATUF	RE:			OURS WOR		HOURS WK #2	
					OURS WOR		HOURS WK #2	
I certify that I l	nave work	ted the hours listed	l during this	s pay period.		KED WK #1	HOURS WK #2 and WK #2	
I certify that I h	nave work		l during this	s pay period.		KED WK #1	HOURS WK #2 and WK #2	
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