## 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: February 9-22, 2025

DAY	DATE	SHIFT #1 START	SHIFT #1 END	SHIFT #2 START	SHIFT #2 END	SHIFT # 3 START	SHIFT # 3 END	HOURS WORKED
Sunday	09	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	10	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	11	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	12	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	13	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	14	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	15	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #1	
Sunday	16	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Monday	17	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Tuesday	18	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Wednesday	19	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Thursday	20	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Friday	21	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
Saturday	22	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm		
							TOTAL HOURS WK #2	
				TOTAL H	IOURS WOR	KED WK #1	and WK #2	

Wednesday				_				
	12	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Thursday	13	□am	□am	□am □pm	 □am □pm		□am □pm	
F.: 4	14	-						
Friday	14	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Saturday	15	□am	□am	□am	□am	□am	□am	
-		□pm	□pm	□pm	□pm	□pm	□pm	
							TOTAL HOURS WK #1	
Sunday	16	□am	□am	□am	□am	□am	□am	
J		□pm	□pm	□pm	□pm	□pm	□pm	
Monday	17	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
Tuesday	18	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	□am □pm	
Wadnasday	19	□am	□am	□am	□am	□am	□am	
Wednesday	19	□pm	□pm	□pm	□pm	□pm	□pm	
Thursday	20	□am	□am	□am	□am	□am	□am	
1 11 01 0 0 u y	20	□pm	□pm	□pm	□pm	□pm	□pm	
Friday	21	□am	□am	□am	□am	□am	□am	
,		□pm	□pm	□pm	□pm	□pm	□pm	
Saturday	22	□am	□am	□am	□am	□am	□am	
		□pm	□pm	□pm	□pm	□pm	□pm	
							TOTAL HOURS WK #2	
				TOTAL H	OURS WOR	KED WK #1	and WK #2	
		EE:ed the hours liste	ed during this	— pay period.				
CLIENT'S SI I certify that I I HSW'S SIGN	have work		ed during this		VISOR'S SIG	NATURE:_		
I certify that I I  HSW'S SIGN  One timesheet	have work  ATURE:_ per client.	ed the hours liste	tual hours wo	SUPERV	y. Email, fax,	or deliver you	ur timesheets o	on the Sunday fol
I certify that I I HSW'S SIGN One timesheet the end of the I	have work  ATURE:_ per client. pay period	ed the hours liste	tual hours wo	SUPERV	y. Email, fax, esult in a dela	or deliver you	ır timesheets o	n the Sunday fol
I certify that I I  HSW'S SIGN  One timesheet the end of the p	ATURE:_ per client. pay period	Record only ac	tual hours wo ceived after M	SUPERV	y. Email, fax, esult in a dela	or deliver you	ur timesheets o	on the Sunday fol
I certify that I I HSW'S SIGN One timesheet the end of the p TIMESHEET EMAIL: Tim	have work  ATURE:_ per client. pay period  S MUST	Record only ac . Timesheet's re	tual hours wo ceived after M Y THE CLIE re.com FA	SUPERVICE SUPERV	y. Email, fax, esult in a dela KW.	or deliver you		