## COOMBS COMPASSIONATE HOME CARE INC ®™

Box 1680, 109-111 Main Road, Bay Roberts, NL AOA 1GO PH: 709-589-2191

PAY PERIOD: January 26-February 8, 2025

ACCESS WORL	KER:	17	ATTEMOD. Janua	iry 20-1 ebi dary c	5, 2023	
		(FIRST)				
Child/ren's Nam	e(s):					
Address:						
Signe	ed time sheets			ed in EVERY Monday after period	Ionday. end date. <u>Please use</u>	BLACK INK!
Week #1			ACTUAL VISIT TIM Please circle "am" or		TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
26	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
27	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
28	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
29	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
30	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
31	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
01	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	rs:	TOTAL of Travel:	TOTAL of REPORTS:
		1				
Week #2		ACTUAL VISIT TIME Please circle "am" or "pm"			TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
02	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
03	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
04	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
05	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
06	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
07	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
08	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:		TOTAL of Visit Hours:			TOTAL of Travel:	TOTAL of REPORTS:
Ce	ell phones ARE	required for emerg	gencies only BUT	Laptops or Tablets	s are NOT permitted a	at any time.
Employee's Signature	<u>:</u>					
Agency Signature:  Please Drop off or forward time sheets to : FAX: 594-2062 or E-mail: SADept@coombshomecare.com						
FOR OFFICE USE ONLY. PLEASE LEAVE BLANK.						
			TOTAL HOU	RS OF TRAVEL (	DLANK. (IF APPLICABLE):_ (OICED:	

SEE CHEQUE/DD#: