COOMBS COMPASSIONATE HOME CARE INC ®™

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

			PAY PERIOD: De	cember 14-27, 2	025	
ACCESS WORL	KER:					
Family Name: (LAST)		(FIRST)				
Child/ren's Nam	ne(s):					
Address:						
	ed time sheet	_		ed in EVERY M onday after period	Ionday. end date. <u>Please use</u>	BLACK INK!
Week #1			ACTUAL VISIT TIN Please circle "am" or		TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
14	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
15	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
16	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
17	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
18	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
19	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
20	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	ırs:	TOTAL of Travel:	TOTAL of REPORTS:
	1				,	
Week #2			ACTUAL VISIT TIN Please circle "am" or		TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
21	SUNDAY	Time of visit:	am/pm	am/pm		YES / NO
22	MONDAY	Time of visit:	am/pm	am/pm		YES / NO
23	TUESDAY	Time of visit:	am/pm	am/pm		YES / NO
24	WEDNESDAY	Time of visit:	am/pm	am/pm		YES / NO
25 (STAT)	THURSDAY	Time of visit:	am/pm	am/pm		YES / NO
26	FRIDAY	Time of visit:	am/pm	am/pm		YES / NO
27	SATURDAY	Time of visit:	am/pm	am/pm		YES / NO
WK #1 TOTAL HRS:			TOTAL of Visit Hou	ırs:	TOTAL of Travel:	TOTAL of REPORTS:
	•	required for emerg	•	Laptops or Tablets	s are NOT permitted a	at any time.
Agency Signature:						
Please Drop off or for	ward time sheets to			ADept@coombshomed		
TOTAL HOURS		VISITS:	TOTAL HOU	<mark>LEASE LEAVE</mark> RS OF TRAVEL (HRS. TO BE INV	(IF APPLICABLE):_	

SEE CHEQUE/DD#: ____