COOMBS COMPASSIONATE HOME CARE INC ®™

Box 1680, 109-111 Main Road, Bay Roberts, NL A0A 1G0 PH: 709-589-2191

PAY PERIOD: May 4-17, 2025

ACCESS WORKER: _____

Family Name: (LAST) _____ **(FIRST)** _____

Child/ren's Name(s): _____

Address: _____

Reports need to be handed in EVERY Monday.
Signed time sheets are due no later than 10AM Monday after period end date. **Please use BLACK INK!**

Week #1		ACTUAL VISIT TIME Please circle "am" or "pm"			TRAVEL TIME (# OF HRS.)	REPORTS COMPLETED please circle Yes or No and note number of reports
04	SUNDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
05	MONDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
06	TUESDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
07	WEDNESDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
08	THURSDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
09	FRIDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
10	SATURDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
WK #1 TOTAL HRS: _____		TOTAL of Visit Hours: _____			TOTAL of Travel: _____	TOTAL of REPORTS: _____

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
11	SUNDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
12	MONDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
13	TUESDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
14	WEDNESDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
15	THURSDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
16	FRIDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
17	SATURDAY	**Time of visit:**	**am/pm**	**am/pm**		YES / NO
WK #1 TOTAL HRS: _____		TOTAL of Visit Hours: _____			TOTAL of Travel: _____	TOTAL of REPORTS: _____

Cell phones ARE required for emergencies only BUT Laptops or Tablets are NOT permitted at any time.

Employee's Signature: _____

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 HOURS OF ACTUAL VISITS: _____ TOTAL HOURS OF TRAVEL (IF APPLICABLE):_____
TOTAL TIME OF REPORT WRITING: _____ TOTAL # OF HRS. TO BE INVOICED: _____
SEE CHEQUE/DD#: _____