



Pittsburgh Home Care, LLC
 305 Mt. Lebanon Blvd Ste 205, Pgh, PA 15234
 Ph. 412-254-2586 | Fax 412-226-6252
 Email: contact@pghhomecare.com

Client Name:

WEEKLY TIME SHEET

Address:

Employee Name:

WEEK START DATE:	WEEK END DATE:
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This is a legal document, therefore care aides should fill all service performed, missed visits, notes, and inform the agency if consumer is hospitalized.

Date	Time In	Time Out	Time In	Time Out	Total Hours	Client Initial

Duty #	Duty	WEEK 1						
		SUN	MON	TUE	WED	THU	FRI	SAT
115	Meal Preparation							
116	Housework/Chore							
117	Managing Finances							
118	Managing Medication							
119	Shopping							
120	Transportation							
121	Range of Motion							
122	Hygiene							
123	Dressing Upper							
124	Dressing Lower							
125	Locomotion							
126	Transfers							
127	Toilet Use							
128	Bed Mobility							
129	Eating							
130	Bladder Incontinence							

Employee Consumer Notice: By signature. I certify That the hours are accurate, and services were provided on the mention date above. Timesheets must be filled out completely and signed by the caregivers and consumer before submissin to the payroll department. Timesheets are due **NO LATER THAN** 5:00 PM on the due date. Failure to submit the timesheets will be delay the payment.

 Client Signature

 Employee Signature