

Effective 2018

TIME SHEET/PLAN OF CARE

REG.#HCA0000260



17 Pierce Street
Plainville, CT 06062
(860) 793-9944

If you need to make any changes, make ONE cross through the mistake, and both client and caregiver need to initial it.

****PLEASE USE BLUE PEN TO COMPLETE****

Week Ending: _____ Employee Name: _____

Employee Signature: _____

Client Name: _____

Table with 9 columns (Day, Sat, Sun, Mon, Tues, Wed, Thur, Fri, Sat) and multiple rows for Date, Overnight, Time In/Out, Daily Total, and Client Signature.

*Client Signature (or Designated Rep) each day each shift

Overnight Duties

Empty table grid for recording Overnight Duties.

*Client Signature authorizes the billing of the above hours and that the hours are accurate

CLIENT SIGNATURE _____

DATE _____