

Effective 08/21

SLEEP TIMES/BREAK TIMES

REG.#HCA0000260



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

Day	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date								
Sleep Start Time:								
Sleep End Time:								
Total sleep Time :								
Breakfast start Time:								
Breakfast End Time:								
Lunch Start Time:								
Lunch End Time:								
Supper Start Time:								
Supper End Time:								
Personal Time Start:								
Personal Time End:								
Total Break Times:								
EXTRA HOURS WORKED - Explanation NEEDED for Each Sleep and Other Breaks Not Taken in Full You may use additional page for explanation.								

**1. You must write in the exact time you took your breaks.**

**2. EXTRA SLEEP/PERSONAL BREAK HOURS WORKED: If the caregiver's 8-hour unpaid sleep/personal break time (may be used for sleep and personal activities) or any of the 4 unpaid daytime 1 hour breaks are interrupted to help the client, the length of the interruption, shortened or skipped break must be written on this timesheet in the "Extra Hours Worked" box.**

Food Provided by Family Yes ( ) or No ( )

**BY SIGNING BELOW, I STATE THAT THIS TIME SHEET IS ACCURATE AND TRUE FOR ALL MY BREAKS, INTERRUPTIONS AND TIME WORKED.**

CAREGIVER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_