

Effective 05/19/2024

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:								
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 _____

