# HOMEMAKER/COMPANION TIMESHEET

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| --- | --- |
| CLIENT NAME (First, MI, Last) | EMPLOYEE (First, MI, Last) |

For the week of **Thursday\_\_\_\_\_\_**/**\_\_\_\_\_\_**/**\_\_\_\_\_\_**  thru **Wednesday\_\_\_\_\_\_**/**\_\_\_\_\_\_**/**\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATES**  (MM/DD) | **Sunday** | **Monday** | | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | | **Saturday** |
| TIME IN  (circle AM/PM) | AM | AM | | AM | AM | AM | AM | | AM |
| PM | PM | | PM | PM | PM | PM | | PM |
| TIME OUT  (circle AM/PM) | AM | AM | | AM | AM | AM | AM | | AM |
| PM | PM | | PM | PM | PM | PM | | PM |
| **Complete the activities listed below according to the Homemaker Assignment Sheet. For additions, changes, or deletions, contact the supervisor. To ensure payment you MUST write your INITIALS next to all the activities you provided for each date you worked** | | | | | | | | | |
| Socialization |  |  | |  |  |  |  | |  |
| Meal Preparation |  |  | |  |  |  |  | |  |
| Kitchen: |  |  | |  |  |  |  | |  |
| Wash Dishes |  |  | |  |  |  |  | |  |
| Clean Stove/Oven |  |  | |  |  |  |  | |  |
| Clean Refrigerator |  |  | |  |  |  |  | |  |
| Empty Garbage |  |  | |  |  |  |  | |  |
| Sweep/Mop Floor |  |  | |  |  |  |  | |  |
| Laundry: |  |  | |  |  |  |  | |  |
| Load Washer |  |  | |  |  |  |  | |  |
| Load Dryer |  |  | |  |  |  |  | |  |
| Fold Clothes |  |  | |  |  |  |  | |  |
| Put Away Clothes |  |  | |  |  |  |  | |  |
| Living Room: |  |  | |  |  |  |  | |  |
| Dust |  |  | |  |  |  |  | |  |
| Vacuum |  |  | |  |  |  |  | |  |
| Bathroom: |  |  | |  |  |  |  | |  |
| Clean Toilet/Sink |  |  | |  |  |  |  | |  |
| Sweep/Mop Floor |  |  | |  |  |  |  | |  |
| Clean Shower/Tub |  |  | |  |  |  |  | |  |
| Empty Garbage |  |  | |  |  |  |  | |  |
| Bedroom: |  |  | |  |  |  |  | |  |
| Change Bed Linen |  |  | |  |  |  |  | |  |
| Dust |  |  | |  |  |  |  | |  |
| Vacuum |  |  | |  |  |  |  | |  |
| Empty Garbage |  |  | |  |  |  |  | |  |
| Groceries |  |  | |  |  |  |  | |  |
| Other: |  |  | |  |  |  |  | |  |
| **DAILYTOTAL HOURS** |  |  | |  |  |  |  | |  |
| **COMMENTS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **TOTAL HOURS FOR THE WEEK:** | | |
| CLIENT/RESPONSIBLE PARTY SIGNATURE | | | DATE | | HOMEMAKER SIGNATURE | | | DATE | |

**NOTE:** ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 9:00AM FOLLOWING THE WEEK WORKED.

PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED.

BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.GRACENCARE.COM