

Companions & Homemakers, Inc. Time Sheet

P.O. Box 568 Farmington, CT 06034-0568
Payroll / Billing (888) 844-4442 · Fax (860) 674-8978

Client Name: (Please Print)	Office:
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Week Ending Date: (Always Saturday)	Employee Name: (Please Print)
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	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES →							
TIME IN							
TIME OUT							
DAILY TOTAL							
<u>HOMEMAKER</u>							
House Cleaning / Vacuum/ Dust / Mop							
Bathroom / Kitchen/ Clean Appliances							
Laundry / Change Linens/ Ironing							
Shopping / Errands							
Meal Prep. / Clean Up							
Assist W/Communication							
*Other _____							
<u>COMPANION</u>							
Supervise Activities							
Escort to Appointments							
Reminder for Medications							
Assist W/Communication							
*Other _____							
* <u>PERSONAL CARE</u> <i>(Private Clients Only)</i>							
Assist W/Bathing							
Assist W/Dressing							
Assist W/Eating							
Assist W/Toileting							
Assist W/Ambulation							
Assist W/Transferring							
*Other _____							

CLIENT FULL SIGNATURE <i>(or Legal Rep.)</i> (DAILY):							
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MILEAGE:	WEEKLY TOTAL:
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*Client signature authorizes the billing of the above hours and that the hours are accurate. ***Please do not authorize in advance of service.

Employee Signature: _____ **Date:** _____

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