

## Companions & Homemakers, Inc. Time Sheet

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

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

|                 |                      |
|-----------------|----------------------|
| <b>MILEAGE:</b> | <b>WEEKLY TOTAL:</b> |
|-----------------|----------------------|

\*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:** \_\_\_\_\_

## Companions & Homemakers, Inc. Time Sheet

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

|                 |                      |
|-----------------|----------------------|
| <b>MILEAGE:</b> | <b>WEEKLY TOTAL:</b> |
|-----------------|----------------------|

\*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:** \_\_\_\_\_