

# Companions & Homemakers, Inc. Timesheet

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

**Use a black or blue ink pen only.**

**Week Ending Date: ( Always Saturday )**

Employee Name: <small>(Please Print)</small>	
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Month (MM)	Day (DD)	Year (YY)

Client Name: <small>(Please Print)</small>	
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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>							

**Place an "X" on the applicable tasks**

<b>PERSONAL CARE</b>							
Assist W/ Bathing /Dressing							
Assist W/ Toileting							
Assist W/ Transferring							
<b>HOMEMAKER</b>							
Cleaning / Laundry							
Shopping / Errands							
Meal Prep. / Clean-up							
<b>COMPANION</b>							
Supervise Activities							
Escort to Appointments							
Medication reminders							
<b>OTHER</b>							
Task _____							
Task _____							

<b>MILEAGE TOTAL:</b>	<b>WEEKLY HOUR TOTAL:</b>
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<b>CLIENT'S FULL SIGNATURE</b> <small>(or Legal Rep.)</small>	
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Signature of Client or representative confirms the above hours are accurate, ratifies all terms of the written ISA received by client, and authorizes billing under said terms. Do not authorize in advance of service.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_