

# Companions & Homemakers, Inc. Live-In 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: (Please Print)	
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Month (MM)	Day (DD)	Year (YY)

Client Name: (Please Print)	
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As a Live-in Caregiver, it is assumed that you are able to sleep and take multiple meal breaks each day.  
*Your time worked for each day is calculated as follows: 24 Hrs. - 8 Hrs. Sleep - 6 Hrs. Meal Breaks = 10 Hrs. Worked*

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>DATES</b> →							
<b>SCHEDULED PAID TIME</b>							
<b>TOTAL</b> (input 10 hours in appropriate days worked)							

*If your actual daily hours worked are different than 10 Hrs, please input your actual time worked below.*

<b>ACTUAL PAID TIME</b>	<b>PLEASE COMPLETE DETAIL OF ACTUAL TIME WORKED ON BACK OF TIMESHEET</b>						
<b>TOTAL</b> (input actual hours in appropriate days worked)							

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> (or Legal Rep.)	
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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.

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NOTES: \_\_\_\_\_

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

The above hours represent my agreed upon schedule for work hours and non-work hours (meal time, sleep time, free time) and are consistent with my agreement with my employer as to hours worked.

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TIME WORKED	SUN	MON	TUES	WED	THURS	FRI	SAT
DATES →							
<b>ACTUAL PAID TIME</b>	<b>PLEASE ENTER ACTUAL TIME WORKED IN 15 MINUTE INCREMENTS BELOW</b>						
START OF SHIFT	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM	12:00 AM
IN:							
OUT:							
IN:							
OUT:							
IN:							
OUT:							
IN:							
OUT:							
IN:							
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IN:							
OUT:							
IN:							
OUT:							
IN:							
OUT:							
IN:							
OUT:							
IN:							
OUT:							
<b>ACTUAL PAID TIME</b>							
*** "ACTUAL PAID TIME" TOTAL MUST MATCH "ACTUAL PAID TIME" TOTAL ENTERED ON FRONT OF TIMESHEET							

NOTES:

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\_\_\_\_\_

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The above hours represent my agreed upon schedule for work hours and non-work hours (meal time, sleep time, free time) and are consistent with my agreement with my employer as to hours worked.

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

Date: \_\_\_\_\_

Employee's Signature certifies that the information regarding hours worked and activities performed is accurate.