



Employee Time Sheet

NEW DAY HOME CARE, INC.

Office Phone: 860-656-7732

Please send Time Sheets to:

Fax: 860-640-4836

or

Email: timesheets@newdayhomecare.com

Employee Name: _____

Week Starting: ____/____/____ Week Ending: ____/____/____

Client Name: _____

Week 1

DATE	TIME IN	LUNCH BREAK	TIME OUT	TOTAL HOURS
SUN ____/____/____				
MON ____/____/____				
TUE ____/____/____				
WED ____/____/____				
THU ____/____/____				
FRI ____/____/____				
SAT ____/____/____				
TOTAL HOURS				<input style="width: 50px; height: 20px;" type="text"/>

TASK/CHORES

CLEANING DUSTING VACUUM	BATHING TOILETING TRANSFER	DRESSING GROOMING	ESCORT APPTS	SOCIALIZE WALKS GAMES	MEAL PREP COOKING FEEDING	SHOPPING ERRANDS	MAKE BED LAUNDRY	CUING MEDICINE REMINDER

Client Signature: _____

Week 2

DATE	TIME IN	LUNCH BREAK	TIME OUT	TOTAL HOURS
SUN ____/____/____				
MON ____/____/____				
TUE ____/____/____				
WED ____/____/____				
THU ____/____/____				
FRI ____/____/____				
SAT ____/____/____				
TOTAL HOURS				<input style="width: 50px; height: 20px;" type="text"/>

TASK/CHORES

CLEANING DUSTING VACUUM	BATHING TOILETING TRANSFER	DRESSING GROOMING	ESCORT APPTS	SOCIALIZE WALKS GAMES	MEAL PREP COOKING FEEDING	SHOPPING ERRANDS	MAKE BED LAUNDRY	CUING MEDICINE REMINDER

Client Signature: _____

BI-WEEKLY TOTAL

ABI/ABH

- ILST/RA
- PCA
- Suppt. Emp.
- Prevocational
- Homemaker/Chore
- Companion

Employee Signature Date

For Office Use Only
Approved By: _____ Date
Payroll Rep Signature