

CLIENT SERVICES TIMESHEET

Client _____

Attendant _____

Period	
Due	
Payable	

WEEK 1	SUN	MON	TUE	WED	THU	FRI	SAT
	Hours	Hours	Hours	Hours	Hours	Hours	Hours
Weekly Authorization	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P
Days	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P
Attendants may not work in excess of authorized hours	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P
	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P

By signing below, the client (or authorized representative) and staff member providing services acknowledge that the hours reported above are accurate (unless noted) and all tasks performed were authorized. Both parties acknowledge understanding that falsifying information is subject to prosecution.

Client / Authorized Representative Signature **REQUIRED**

Date _____

Attendant Signature **REQUIRED**

Date _____

WEEK 2	SUN	MON	TUE	WED	THU	FRI	SAT
Variable	Hours	Hours	Hours	Hours	Hours	Hours	Hours
•Black ink only	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P
•Write time in/out per shift, per scheduled day	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P
•To fix errors: Mark through error, client & staff must initial, write correction	IN	A	A	A	A	A	A
	OUT	P	P	P	P	P	P

By signing below, the client (or authorized representative) and staff member providing services acknowledge that the hours reported above are accurate (unless noted) and all tasks performed were authorized. Both parties acknowledge understanding that falsifying information is subject to prosecution.

Client / Authorized Representative Signature **REQUIRED**

Date _____

Attendant Signature **REQUIRED**

Date _____

Notes, Changes, Corrections	Indicate tasks performed each scheduled day. Shopping limited to one trip each for prescriptions and/or groceries per week. Escort varies per client requirements.																					
Check box on left as applicable, use larger space below for notes (notes, dates, etc.)	Authorized Task							Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa	
<input type="checkbox"/> Attendant has new address (see below).	Standard Precaution / Safety Check																					
<input type="checkbox"/> Attendant has new phone number (see below).																						
<input type="checkbox"/> Client's health has changed significantly.																						
<input type="checkbox"/> Client has been hospitalized per dates below.																						
<input type="checkbox"/> Attendant disputes hours recorded.																						
<input type="checkbox"/> Client disputes hours recorded.																						
<input type="checkbox"/> An error in recorded time is corrected below.																						
Notes:																						