



Bi-Weekly Timesheet

Consumer Name: _____

Pay Period Begin: _____ Pay Period End: _____

Caregiver Name: _____

Caregiver Phone: _____

	Days	Date	Work Time			Hours
			Time -In		Time -Out	
Week 1	Sun		Time -In		Time -Out	
	Mon		Time -In		Time -Out	
	Tue		Time -In		Time -Out	
	Wed		Time -In		Time -Out	
	Thu		Time -In		Time -Out	
	Fri		Time -In		Time -Out	
	Sat		Time -In		Time -Out	
Week 2	Sun		Time -In		Time -Out	
	Mon		Time -In		Time -Out	
	Tue		Time -In		Time -Out	
	Wed		Time -In		Time -Out	
	Thu		Time -In		Time -Out	
	Fri		Time -In		Time -Out	
	Sat		Time -In		Time -Out	

Week	Week 1							Week 2							
	Days	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F	Sa
Bathing															
Dressing															
Feeding															
Grooming															
Mobility/Walking															
Toileting															
Transferring															
Med. Reminder															
Telephone Use															
Socialization															
Shopping															
Meal Prep.															
Transportation															
Housekeeping															
Laundry/Fold															
Oral Care															
Supervised Walks															
Other															
Consumer Initials															
Caregiver Initials															

Week 1 Hrs. _____ Week 2 Hrs. _____ Total Hrs. _____

I attest that above initials confirm the caregiver has worked the hours stated in accordance with the care plan.

Office Use Only

Approved By: _____

Consumer's Signature _____ Date: _____

I attest that the above initials confirm the record of time is true & accurate in accordance with my duty sheet.

Caregiver's Signature _____ Date: _____