

Home, Hope and Healing, Inc.

P.O. Box 220. Smithfield ME 04978
207-362-5252

Homecare Direct Care Time Sheet

Print

Name: _____

Circle: RN LPN CNA PSS

Week Ending: ___/___/___

| Day | Date | Client | Time In | Time Out | Total Hours Worked |
|-------|-------------|--------|---------|----------|--------------------|
| Sat | ___/___/___ | | | | |
| Sun | ___/___/___ | | | | |
| Mon | ___/___/___ | | | | |
| Tues | ___/___/___ | | | | |
| Wed | ___/___/___ | | | | |
| Thurs | ___/___/___ | | | | |
| Fri | ___/___/___ | | | | |

Pay Period is from 12:01 a.m. Saturday to 11:59 p.m. Friday

Mail Time Sheets & Clinical notes weekly to: **P.O. Box 220, Smithfield, ME 04978**
Must be Postmarked by Saturday (or dropped off by 9:00 a.m. Monday)

| |
|---------------------------------|
| Total Hours Worked: |
| Call Out Shift Filled: |
| Total On-Call Hours: |
| Total Vacation Hours Requested: |

PSS or CNA's cannot work more than 40 hours in one client's home.

I attest that the hours entered here are accurate & represent the actual hours that I worked with a client of Home, Hope & Healing, Inc.
My signature also confirms that I am a licensed professional with a current Maine Licensure and a legal practitioner.

Please be sure to **also** sign corresponding clinical notes **Employee Signature:** _____