

AGENCY NAME _____

Weekly caregiver timesheet

One sheet per client, per week

Caregiver _____ Client _____

Week of (Sun) _____ through (Sat) _____ Client policy / claim # _____

VISITS

Day	Date	Time in	Time out	Unpaid meal / sleep (h:mm)	Hours worked	Shift type	Client initials
Sun						Hourly / Live-in / 24h	
Mon						Hourly / Live-in / 24h	
Tue						Hourly / Live-in / 24h	
Wed						Hourly / Live-in / 24h	
Thu						Hourly / Live-in / 24h	
Fri						Hourly / Live-in / 24h	
Sat						Hourly / Live-in / 24h	

Total hours this client _____ Holiday hours _____

Overtime is figured per caregiver across all clients in the workweek, not per sheet. Add this sheet's total to the caregiver's other sheets for the week before calculating overtime past 40 hours.

SERVICES PROVIDED THIS WEEK

- ☐ Bathing
 ☐ Dressing
 ☐ Grooming
 ☐ Toileting
 ☐ Mobility / transfers
 ☐ Medication reminders
 ☐ Meal preparation
☐ Light housekeeping
 ☐ Laundry
 ☐ Errands / appointments
 ☐ Companionship

CLIENT ATTESTATION

I certify that the total hours submitted in this time sheet were correct and that the job was performed satisfactorily.

Client or representative signature

Printed name and relationship to client

Caregiver signature: these hours are true and correct

Date

OFFICE USE

Reviewed by _____ Date _____ Pay period _____