Timesheet must include: Client and Employee phone numbers, signatures DAILY, no white out or over written text or words; Chores checked off correctly, month, day, Time IN, Time OUT, Hrs worked must be filled out, AM/PM circled, please consult your staffing coordinator for assistance. Late or incorrect timesheets delay your pay check. Attendants are not allowed to provide services while the Consumer is in the hospital or out of town. PLEASE check HOSPITAL OR write OUT OF TOWN on missing days as needed.

ON CALL CARE SERVICES LLC

PERSONAL CARE ATTENDANT TIMESHEET

Employer Name _____

Payroll Period 12 /01 /2018 To 12 /15 /2018

Attendant Name_____

Employer Phone: _____

PLEASE PRINT ALL INFORMATION

PLEASE CHOOSE AM OR PM

Attendant Phone:

	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
DATES	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
DAILY TOTAL HOURS															
Check box if Employer was Hospitalized	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP

CODE	TASKS EXECUTED	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
60	PERSONAL CARE															
65	TOILETING															
70	HEALTH															
75	HOUSEKEEPING															
85	TRANSPORTATION															
80	MEALS															

TOTAL HOURS FOR PAY PERIOD																															
	Employer Signature																														
	Employee Signature																														

Please mail to: On Call Care Services, LLC 6444 Raytown Trfy, Raytown, MO 64133

Timesheets are due no later than 5:00 p.m. on 16th or 1st after the end of each payroll period.

Received by_____

Timesheet must include: Client and Employee phone numbers, signatures DAILY, no white out or over written text or words; Chores checked off correctly, month, day, Time IN, Time OUT, Hrs worked must be filled out, AM/PM circled, please consult your staffing coordinator for assistance. Late or incorrect timesheets delay your pay check. Attendants are not allowed to provide services while the Consumer is in the hospital or out of town. PLEASE check HOSPITAL OR write OUT OF TOWN on missing days as needed.

PERSONAL CARE ATTENDANT TIMESHEET

Employer Name _____

Payroll Period 12/16/2018 To 12/31/2018

Attendant Name_____

Employer Phone: _____

PLEASE PRINT ALL INFORMATION

PLEASE CHOOSE AM OR PM

Attendant Phone: _____

	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON
DATES	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TIME IN	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
TIME OUT	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
DAILY TOTAL HOURS																
Check box if Employer was	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP	☐ HOSP

CODE	TASKS EXECUTE	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON
60	PERSONAL CA																
65	TOILETING																
70	HEALTH																
75	HOUSEKEEPING																
85	TRANSPORTATI																
80	MEALS																

TOTAL HOURS FOR PAY PERIOD																															
	1.Employer Signature																														
	2.Employee Signature																														

On Call Care Services, LLC