

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 09 /01 /2019 To 09 /15 /2019

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 |
|--|----------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| DATES | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| TIME IN | | 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 |
| TIME OUT | | 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 |
| DAILY TOTAL HOURS | | | | | | | | | | | | | | | | |
| Check box if Employer was Hospitalized | | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP | <input type="checkbox"/> HOSP |
| CODE | TASKS EXECUTED | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN |
| 60 | PERSONAL CARE | | | | | | | | | | | | | | | |
| 65 | TOILETING | | | | | | | | | | | | | | | |
| 70 | HEALTH | | | | | | | | | | | | | | | |
| 75 | HOUSEKEEPING | | | | | | | | | | | | | | | |
| 85 | TRANSPORTATION | | | | | | | | | | | | | | | |
| 80 | MEALS | | | | | | | | | | | | | | | |
| TOTAL HOURS FOR PAY PERIOD | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

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 Tuesday after the payroll period.

Received by _____

