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

ON ONEL OF THE SERVICES LEE	TENSON ECAMETATION ATTIMESTICE								
Employer Name	Payroll Period 08 /01 /2019 To 08 /15 /2019								
Attendant Name	Employer Phone:								

PLEASE PRINT ALL INFORMATION

ON CALL CARE SERVICES LLC

## PLEASE CHOOSE AM OR PM

		Attendant Phone:														
		THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR
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 l Hospita	box if Employer was alized	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP
CODE	TASKS EXECUTED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR
60	PERSONAL CARE															
65	TOILETING															
70	HEALTH															
75	HOUSEKEEPING															
85	TRANSPORTATION															
80	MEALS															
TOTAL	HOURS															
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 16<sup>th</sup> or 1<sup>st</sup> 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

Emp	oloyer Name																
										Pa	yroll Pe	riod 08,	/16/201	9 <b>To</b>	08/3	1/2019	
Atte	endant Name									Employe	er Phone	e:					
PLE	ASE PRINT ALL INFO	ORMATIO	NC	PLEASE CHOOSE AM OR PM Attendant Phone:													
		FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
DATES		/	/	/	/	/	/	/	1	/		/	/	/	/	/	/
TIME II	N	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 C	DUT	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								3								
Check box if Employer was		HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP
CODE	TASKS EXECUTE	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
60	PERSONAL CA															]	
65	TOILETING																
70	HEALTH						4										
75	HOUSEKEEPING																
85	TRANSPORTATI																
80	MEALS																
TOTAL FOR PA PERIOD	SanoH nature																
	Employer Signature																