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.

Employer Name	Payroll Period 02 /01 /2019 To 02 /15 /2019							
Attendant Name	Employer Phone:							

PLEASE PRINT ALL INFORMATION

ON CALL CARE SERVICES LLC.

PLEASE CHOOSE AM OR PM

PERSONAL CARE ATTENDANT TIMESHEET

		Attendant Phone:														
		FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI
DATES		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TIMEII	N	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 C	DUT	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 Hospita	box if Employer was alized	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP
CODE	TASKS EXECUTED	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI
60	PERSONAL CARE															
65	TOILETING															
70	HEALTH															
75	HOUSEKEEPING															
85	TRANSPORTATION															
80	MEALS															
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

										110011	12 07 11	(2) (1)			120112			
Emp	oloyer Name																	
										Pa	avroll Pe	riod 02,	/16/201	9 To	02/2	28/2019		
				Employer Phone:														
Atte	endant Name									Employ	er Phone	e:	\ <u>\</u>					
PLEASE PRINT ALL INFORMATION		ON	PLEASE CHOOSE AM OR PM Attendant Phone:															
		SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR				
DATES		SAT	SUN	IVION	TUE	WED	INUK	FKI	SAT	30N	IVION	TUE	WED	INUK				
DATES		/	/	/	/	/	/	/	/		1	/	/	/				
TIME II	N	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				
TIME C	DUT	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				
DAILY	TOTAL HOURS																	
Check box if Employer		HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP				J
was	TACKS EVECTIFE																	
CODE	TASKS EXECUTE	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR				
60 65	PERSONAL CA TOILETING					A										1		
70	HEALTH																	
75	HOUSEKEEPING															<u> </u>		
85	TRANSPORTATI																	
80	MEALS														<u> </u>	<u> </u>		
	HOURS																	
FOR PA	77 a a																	
PERIO	nati																	
	Sign																	
	ee																	
	loy loy																	
	Employer Signature																	
	!! !!					1 1				1 1					1			