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 01 /01 /2019 To 01 /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:														
		TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE
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		HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP
CODE	DE TASKS EXECUTED		WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE
60	60 PERSONAL CARE															
65	TOILETING															
70	HEALTH															
75	HOUSEKEEPING															
85	TRANSPORTATION															
80	MEALS															
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

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Emp	oloyer Name																	
										Pa	ayroll Pe	riod 01	/16/201	8 To	01/3	31/2018		
Atte	endant Name		Employer Phone:															
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PLEASE PRINT ALL INFORMATION			NC		PLEAS	SE CHOC	SE AM (OR PM		Attenda								
		WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUF	?
DATES		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
TIME II	N	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AN	ī
		PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PIV	1
TIME C	DUT	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AN	
		PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PN	İ
DAILY ⁻	TOTAL HOURS								3									
Check was	box if Employer	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	
CODE	TASKS EXECUTE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUF	₹
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65	TOILETING																	_
70	HEALTH																	_
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