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 06 /01 /2019 To 06 /15 /2019								
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	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	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															
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 06,	/16/201	9 To	06/3	0/2019	
Atte	endant Name									Employe	er Phone	e:					
PLE/	ASE PRINT ALL INFO	ORMATIO	NC	PLEASE CHOOSE AM OR PM Attendant Phone:													
		SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	
DATES		/	/	/	/	/	/	/	1	/	/	/	/	/	/	/	
TIME I	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 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		FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI	FIVI		
DAILT	IOTAL HOURS																
Check box if Employer was		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	
60	PERSONAL CA																
65	TOILETING																
70	HEALTH																
75	HOUSEKEEPING																
85	TRANSPORTATI																
80	MEALS								•								
FOR PA	HOURS e e e																
PERIO	Employer Signature																