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

Employer Name

PERSONAL CARE ATTENDANT TIMESHEET

Payroll Period 03 /01 /2019 To 03 /15 /2019

Employer Phone: _____

Attendant Phone:

PLEASE PRINT ALL INFORMATION

Attendant Name_____

PLEASE CHOOSE AM OR PM

			Attendant																
		FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI			
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 TASKS EXECU	TASKS EXECUTED		SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI			
60 PERSON	PERSONAL CARE																		
65 TO	TOILETING																		
70	HEALTH																		
75 HOUSE	75 HOUSEKEEPING																		
85 TRANSPOR	TRANSPORTATION																		
80	MEALS	5																	
TOTAL HOURS																			
FOR PAY PERIOD	Signature Signature																		
	Employer Sign																		

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

Employer Name

Payroll Period	03/16/2019 То	(
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Employer Phone:

03/31/2019

Attendant Name

PLEASE PRINT ALL INFORMATION

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PLEASE CHOOSE AM OR PM

	-										Attendant Phone:							
			SAT	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	AM	
			PM	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	AM	
			PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM
DAILY TOTAL HOURS																		
Check box if Employer was		HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	HOSP	
CODE	TASKS EXEC	UTE	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN
60	PERSONAL	CA																
65 TOILETING																		
70 HEALTH																		
75	75 HOUSEKEEPING																	
85	85 TRANSPORTATI																	
80	MEALS																	
TOTAL FOR P/ PERIOI		Employer Signature			\sim													