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.

| 6.1. G. 1.1. G | 7 21.001.01.12 07.001.21.027.001.11.01.0201.221 | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Employer Name | Payroll Period 05 /01 /2019 To 05 /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: | | | | | | | | | | | | | | |
|--|-------------------------------|------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| | | WED | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN | MON | TUE | WED |
| DATES | | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| TIME II | 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 | WED | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN | MON | TUE | WED |
| 60 | PERSONAL CARE | | | | | | | | | | | | | | | |
| 65 | TOILETING | | | | | | | | | | | | | | | |
| 70 | HEALTH | | | | | | | | | | | | | | | |
| 75 | HOUSEKEEPING | | | | | | | | | | | | | | | |
| 85 | TRANSPORTATION | | | | | | | | | | | | | | | |
| 80 | MEALS | | | | | | | | | | | | | | | |
| Employee 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

| | | | | | | | | | | | | 12 07 11 | / . . | | | 123112 | | | |
|-----------------------|--------------------|-----------|--------|------|------|-------|---------|----------|-------|---|--------|-----------|----------------------|---------|------|--------|--------|------|--|
| Emp | oloyer Name _ | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Pa | ayroll Pe | riod 05 | /16/201 | 9 To | 05/3 | 1/2019 | | |
| Atte | endant Name | | | | | | | | | | Employ | er Phone | e: | | | | | | |
| PLE | ASE PRINT ALL I | INFO | RMATIO | ON | | PLEAS | SE CHOC | OSE AM (| OR PM | | | | | | | | | | |
| | | | | | | | | | | Attendant Phone: THUR FRI SAT SUN MON TUE WED THUR FRI | | | | | | | | | |
| DATES | | | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FKI | SAT | SUN | MON | TUE | WED | THUK | FRI | |
| DATES | | | / | / | / | / | / | / | / | / | 1 | 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 | | | | | | | | | | | | | | | | | | |
| Check box if Employer | | - | | HOSP | | | | | | HOSP | | | HOSP | | | | | | |
| was | T = | | HOSP | | HOSP | HOSP | HOSP | HOSP | HOSP | | HOSP | HOSP | | HOSP | HOSP | HOSP | HOSP | HOSP | |
| CODE | TASKS EXECU | | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | SAT | SUN | MON | TUE | WED | THUR | FRI | |
| 60 | PERSONAL CA | ١ | | | | | A | | | | | | | | | | | | |
| 65 | TOILETING | | | | | | | | | | | | | | | | | | |
| 70 | HEALTH | | | | | | | | | | | | | | | | | | |
| 75 | HOUSEKEEPIN | | | | | | | | | | | | | | | | | | |
| 85 | TRANSPORTA | TI | | | | | | | | | | | | | | | | | |
| 80 | MEALS | | | | | | | | | | ı | | | | | | | | |
| TOTAL FOR PA | HOURS | <u>e</u> | | | | | | | | | | | | | | | | | |
| PERIO | ate ' | atn | | | | 5 | | | | | | | | | | | | | |
| LINIOL | Employer Signature | Signature | | | | | | | | | | | | | | | | | |
| | S | e S | | | | | | | | | | | | | | | | | |
| |) A | Employee | | | | | | | | | | | | | | | | | |
| | dc |) de | | | | | | | | | | | | | | | | | |
| | ਜੂ | H. | | | | | | | | | | | | | | | | | |