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

5.1. 6.1. 12 5. W. 2 5.1. V. 16.25 2.26	1 21.001.01.12 07.11.12 11.12 11.11.12 11.12 11.12 11.12 11.12 11.12 11.12 11.12 11.12 11.12 11.12 11.12 11.12							
Employer Name	Payroll Period 11 /01 /2019 To 11 /15 /2019							
Attendant Name	Employer Phone:							

PLEASE PRINT ALL INFORMATION

ON CALL CARE SERVICES LLC

## PLEASE CHOOSE AM OR PM

		Attendant Phone:														
		FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI
DATES		/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
TIME II	V	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 box if Employer was Hospitalized		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															<u> </u>
65	TOILETING															1
70	0 HEALTH															
75	HOUSEKEEPING															
85	TRANSPORTATION															<u> </u>
80	MEALS															<u> </u>
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

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Emp	oloyer Name																	
										Pa	ayroll Pe	riod 11,	/16/201	9 <b>To</b>	11/3	0/2019		
<b>A.</b>	andani Nama				Employer Phone:													
Attendant Name										Employ	er Phone	e:	<del>\</del>	<u> </u>				
PLE	ASE PRINT ALL INFO	ORMATIO	NC		PLEAS	SE CHOC	SE AM (	OR PM		Attenda	nt Phone							
		SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT		
DATES		/	/	/	/	/	/	/	/	/	1	/	/	/	/	/		
ΓΙΜΕ ΙΙ	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		
7	TOTAL HOURS	1 141	1 141	1 141	1 101	1 101	1 101	1111	- 1		1 141	1 141	1 101	1 101	1 141	1 1111		
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CODE	TASKS EXECUTE	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT		
60	PERSONAL CA																	
65	TOILETING																	
70	HEALTH																	
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