

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 11 /01 /2019 To 11 /15 /2019

Attendant Name _____

Employer Phone: _____

PLEASE PRINT ALL INFORMATION

PLEASE CHOOSE AM OR PM

Attendant Phone: _____

		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		<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP	<input type="checkbox"/> HOSP
CODE	TASKS EXECUTED	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI
60	PERSONAL CARE															
65	TOILETING															
70	HEALTH															
75	HOUSEKEEPING															
85	TRANSPORTATION															
80	MEALS															
TOTAL HOURS FOR PAY PERIOD		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 _____

PERSONAL CARE ATTENDANT TIMESHEET

Payroll Period 11/16/2019 To 11/30/2019

Employer Phone: _____

PLEASE CHOOSE AM OR PM

Attendant Phone: _____

[illegible]