YARAAB HOME CARE SERVICES

TEL: (678) 896-2701

EMPLOYEE WEEKLY TIME SHEET

Mon

Tue

___period from:__

Wed

Thu ' Frl

Empoyee Name:_

Client's Name:_

Sat

Sun

Position:

Address:

Date

Time

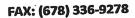
In(am)

TEL: (470) 554-2636

to:_

Sat

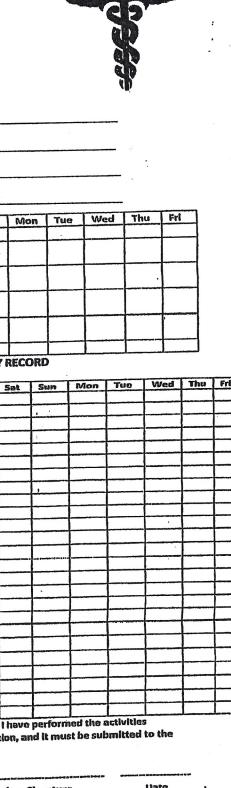
Sun



Date

Time

In(am)



	Time				"	1.:		Time Out(sm				1	1				
	Out(am) Time					~	-	Time in	' 								
	in(pm)		1	- 1		- (Ш	(pm)	1	.							
	Time		_	_	_		-11	Time							ľ		
	Out(pm)				1 11		Out (pm)								_		
	Total							Total									
	(CIRCLE O	ne)	P	S		RC		8	I- WEE	KLY ACTIV	ITY REC	ORD					
Parsonal Care Services			Sat	Sun	Won	Tue	·We	ed Thu	Fri		Sat	Sun	Mon	Tue	Wed	Thu	+
Help with bathing-Tub/Bed/Shower										4						┼──	十
Help with ambulation/transfer ·										1		-	 	-	1	-	+
Help with hair care -										4			-		1	-	十
Help with o							_			4	-			-	1	1	ナ
Skin Care/Shaving/Nalls (File Only)							_			4			-	1	1	-	十
Help.with dressing / grooming							 		-	4 .			-	 	-	-	十
Halp with tolleting										-			-	-	 		十
Skin-Observ	ation (Comment Below)					<u> </u>				-	-	- 	-	 		1	T
		<u>'</u>		<u> </u>		<u> </u>			-	-	-		-	1	-	1	十
	Support Type of Diet			<u> </u>		 	 			4	-		-	 	 	1	十
Meal Prepa	ration		ļ		ļ	<u> </u>	-		-	-1	-	-	-	 	-		T
Feed Patien	t/sat up meal						-		-	-			-	-	1	1	十
Record fluid							1_			4				 	 	 	十
	nds/Care Giver Relief						1_		-		-			-	1	+	ナ
	r Tasks/ (Note: Frqncy	of Tasks)	<u> </u>			<u> </u>				-1				-	 	+-	+
Vacuum/Du	sting/Mop						_			4		<u> </u>		-	-	+-	ナ
Empty Trash / Safety Monitoring									4	-			-	-	 	十	
Clean Patie										_			-	 		 	十
Clean Kitchen/Bathroom									1					+	+	十	
Laundry/Change Lipens									J				 		+	十	
	hopping /Other -		1	1			T]						-	-
	nds/Range of motion e	xercises			1					1							+
Medically F			1	1	1	1	1		T :	7						-	+
	ent to Take Medication		1	-	1	1	1			7						-	-+
Assist With		S		1	1	1.	1			1							_
7100101	Saif Administered Medicated that the hours indicated to the best of		bove a	nd servi	ces rend that my	ered on	this ubjec	workshee t to verifi	t are co cation o	rrect and ti of this infor	nat I hav nation, a	e perforand it me	med the ust be su	activitie bmitted	to the		
	office before my check	k can be issu	ed to n	ne.	•	• • •	•										
		-	ite	***		Classic /	Accilent	zed represe	entatives	Sienatu	re		Vate				
	Employee Signature					•											
	I have reviewed this a discussed with the aid	ictivity recor Je	d and v	verify th	at it cor			the assign SE ONLY		are plan. Au rified By						en	
	•					Urr	ILE U	AE MINF!	ve	IIIIGU DY							
	Approved By (RN):	الراب المحمد المساعد الم	Date: Notes/Remarks:														
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