

Client Name: _____



Employee Name: _____

PERIOD START DATE: _____

PAY PERIOD END DATE: _____

EMPLOYEE SCHEDULE SHEET

WEEK 1										WEEK 2									
DAYS	DATE	1st shift Time in	1st Shift Time out	1st shift break	2nd shift Time in	2nd shift Time out	2nd shift break	Hour worked	Consumer Signature	DAYS	DATE	1st shift Time in	1st shift Time out	1st shift break	2nd shift Time in	2nd shift Time out	2nd shift break	Hour worked	Consumer Signature
SUN										SUN									
MON										MON									
TUES										TUES									
WED										WED									
THUR										THUR									
FRI										FRI									
SAT										SAT									

WK 1 ↓ WEEK 1 TOTAL HOURS:
 WK 2 ↓ WEEK 2 TOTAL HOURS:

(ADL/IADLS)	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S	Incidents and activities	Time	Remarks
Bathing															Hospitalization/ER Visit		
Hair Care															Medical Appointment		
Dressing															Slip/Fall		
Lotion/ointment															Any Other Incident		
Meal Preparation															Remarks on activities refused or not provided		
Eating/Drinking															Activities	Days and remarks	
Laundry																	
Light Housekeeping																	
Shopping																	
Medication Management																	
Reading/Writing																	
Managing Finance																	
Social/Leisure activities																	
Telephone/communication Devices																	
Securing Transportation																	
Appointment Scheduling																	
Caring for personal Possessions																	
Obtaining Seasonal Clothing																	
Ambulating																	
Range of motion																	
Supervised walks																	
Supervision/coaching/cueing																	
Toileting																	
Bowel/bladder management																	
Transfers																	
Incontinence care																	
Catheter care																	
Wound Care																	
Using a Prosthetic device																	
G-tube feeding																	
Other (Specify) _____																	

Employee Signature:

By above signature, I certify that the hours are accurate, and I worked according to the authorized units. I acknowledge and agree to reimburse the amount if false record was provided in time sheet.

Client Signature:

By above signature, I certify that the hours are accurate, and mention care was provided on the date above.

Client Name: _____

 <p>Oriental Care, LLC <i>We believe in care.</i></p>
EMPLOYEE SCHEDULE SHEET

Employee Name: _____