

Unison Homecare, LLC

“All original timesheets must be mailed to the office in order to be paid”

MONTH/YEAR: _____

Clients Name: _____ **Client Frequency:** _____

Employee Name: _____ **Employee Phone #:** _____

By my signature, I submit that this worksheet is correct and that I have performed the duties indicated to the best of my ability. I also understand that my pay is subject to verification of this information, and UHC must receive my timesheet before any check can be issued to me. It is illegal and punishable by law to falsify my timesheet/worksheet.

	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
Date														
Time-In (AM)														
Time-Out (AM)														
Time-In (PM)														
Time-Out (PM)														
Time-Out (AM)														
Total Hours worked														
Ambulation/Transfer														
Hair Care, Oral Care, Skincare/Shaving & Nail Care (file nails only)														
Dressing														
Toileting														
Skin Observation														
Nutritional Support														
Prepare Meals/Clean Up														
Feed Patient/Assist														
Record Fluid input/output														
Vacuum/Mop/Dust														
Empty Trash														
Clean Client Bedroom														
Clean Bathroom, Kitchen and Run Errands for Client														
Laundry/Linens														
Remind Client to take his/or her Medication														
Bath Tub/bed/shower														
TOTAL HOURS														

Client Signature: _____

Employee Signature: _____

Date: _____

RN Signature: _____ **Date:** _____

