

Loving Care Home Care of Canton
 5860 N Canton Center Road, Suite 306
 Canton, MI 48187

Weekly Time Sheet
 Ph: (734) 756-3979

Caregiver Name: Your Name

Week Ending (Sat) Date:

Phone: Your Phone #

The week is from Sun to Sat
 You start a new sheet on Sun

Date: Example: 7/1/14	Client Name(s) (First/Last): Do not let the client see this sheet HIPPA	Time In:	Time Out:	Total Hours:	Client Sheet Signed?
Sun:	Example sheet				
Mon:	John Doe Mary Perkins	10800 3800	2800 7800	4 4	✓ ✓
Tues:					
Wed:					
Thurs:					
Fri:	John Doe Mary Perkins	10800 3800	2800 7800	4 4	✓ ✓
Sat:					
Notes:		I agree the above information is correct Sign & Date:		Total Hours: 160	

Time Sheet & Client Sheets are due at the office by 7pm Sunday. No Exceptions!

ONLY ONE TIME SHEET PER WEEK! THIS IS A TIME SHEET. ONE CLIENT SHEET PER CLIENT PER WEEK (2 CLIENTS 2 CLIENT SHEETS)!

Attention: Submitting time sheets while a participant/client is in the Hospital/Rehab/Nursing Home/Vacation/Not At Home. will have fraud implications and will be reported to the Office of Inspector General (OIG). You CANNOT provide services when a participant/client is in the Hospital/Rehab/Nursing Home/Vacation/Not At Home.