



ExpertCare Management Services as your employer is the only party that can authorize a change in your employee work schedule. Violation of this policy will result in disciplinary action up to or including termination.

## ExpertCare Private Home Care Timesheet - TIME IN/TIME OUT

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Week Ending: \_\_\_\_\_ Client Name: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_

Caregiver: Please fill in completely. Keep a copy for yourself. The ExpertCare copy of the time card must be received in our office by 8:00 a.m. on Monday, regardless of a holiday. Failure to turn in your timesheet by the deadline will result in delay of pay until the next pay date.

<u>Employee Name:</u>	Hours Worked	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Total Hours
	Date								
<u>Services Provided</u> • Companionship • Meals • Errands • Support Services • Housekeeping • Incontinence Care • Bathing / Showering	Time In								
	Time Out								
	Total Hours								
<u>Client Transportation/ Errands</u>	Miles: To								
	Miles: From								
	Total Miles:								

***Please indicate the hours worked under the services provided***

I attest, under the penalty of perjury, I have worked the hours declared above and they are true, correct. Signatures are not to be copied from a previous timesheet and must be the original signatures. Clients, by signing this timesheet you attest that all information is accurate. No whiteout or pre-signed timesheets will be accepted.

Caregiver's Signature: \_\_\_\_\_

Last 4 digits of social security number: \_\_\_\_\_

Title: \_\_\_\_\_

X \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Client Signature

\_\_\_\_\_  
Print Name of Authorized Signer