



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

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><br>• Companionship<br>• Meals<br>• Errands<br>• Support Services<br>• Housekeeping<br>• Incontinence Care<br>• 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