

TIME SHEET

LOVING CARE HOME CARE

7596 MACOMB ST 11
GROSSE ILE, MI. 48138

EMAIL: Badobos@yahoo.com

(Vacation schedule)

*location
time off
please fill*

C.N.A. NAME: *Brenda Rice*

WEEK ENDING: *9/8/12*

PHONE: *734 676 3564*

CELL PHONE: *(over there)*

DATE	CLIENT	HOW MUCH PER HOUR	TIME IN & OUT	TOTAL HOURS	DID I HAND IN CLIENT SHEET? (✓)
	<i>Example</i>				
SUN.					
MON. <i>9/3/12</i>	<i>Mr. King Mrs. Blackmore Mrs. Purple penpille</i>		<i>9-12 1230-8p 830-11p</i>		
TUES. <i>9/4/12</i>	<i>Mr. King Mrs. Pink Mr. Yellow</i>		<i>2-4p 4-6p 6-11p</i>		
WED. <i>9/5/12</i>	<i>Mr. Yellow</i>		<i>6p-11p</i>		
THURS. <i>9/6/12</i>	<i>Mr. Black Mr. Green</i>		<i>3p-11p 11p-7a</i>		
FRI. <i>9/7/12</i>	<i>Mr. Yellow Mr Red</i>		<i>11-1p 2p-11p</i>		
SAT. <i>9/8/12</i>	<i>Mr. Black</i>		<i>2p-11p</i>		

(Vacation coverage)

TOTAL HOURS:

Amount expected to be paid \$ _____

All dates clients and hours listed above are correct.
Client initials are mandatory.

Payday is WED from 3pm to 5pm

FAX 734.654.9516

Signature _____ Date _____