

Loving Care Home Care 3272 West Road Trenton, MI 48183	Weekly Time Sheet Ph: (734) 676-3564
Caregiver Name:	Week Ending (Sat) Date:
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:					
Mon:					
Tues:					
Wed:					
Thurs:					
Fri:					
Sat:					
Notes:	I agree the above information is correct Sign & Date:			Total Hours:	

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.