



Each Office Independently  
Owned and Operated

## Weekly Time Sheet & Service Report

Client: \_\_\_\_\_ Employee: \_\_\_\_\_

Week Ending Date (Sunday): \_\_\_\_\_

Work Log (check all that apply)	Frequency of Tasks							Comments
	Mon	Tue	Wed	Thur	Fri	Sat	Sun	
<b>Homemaking/Companionship</b>								
Light Housekeeping								
Laundry								
Grooming Guidance								
Meal Preparation								
Transportation								
Errands/Shopping								
Companionship								
Medication Reminder								
<b>Personal Care Services</b>								
Feeding								
Bath: <input type="checkbox"/> Tub <input type="checkbox"/> Bed <input type="checkbox"/> Shower								
Hair Care: <input type="checkbox"/> Comb <input type="checkbox"/> Shampoo								
Oral Care: <input type="checkbox"/> Teeth <input type="checkbox"/> Dentures <input type="checkbox"/> Swab								
Shave: <input type="checkbox"/> Electric								
Dress/Undress								
Nail Care (DO NOT CUT)								
Assist with: <input type="checkbox"/> Commode <input type="checkbox"/> Urinal <input type="checkbox"/> Bed Pan								
Empty Catheter Bag								
Protective Briefs								
Ambulate: <input type="checkbox"/> Up In Chair <input type="checkbox"/> Bed Rest								
Transfer to: _____ from: _____								
Position (specify i.e., side to side)								
Passive ROM/Exercise Guidance								
<b>CLIENT INITIALS</b>								

### TIME LOG

	Date	Morning		Afternoon		Evening		Daily Total
		Start Time	Finish Time	Start Time	Finish Time	Start Time	Finish Time	
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								

Total Hours \_\_\_\_\_

**Employee Notice:** Please fill out this time sheet completely and have the client sign below.

**Note:** Times may vary from actual billed time if telephonic time tracking is used.

I certify that I have worked the hours listed on this sheet. While on this assignment I have not had any work related injuries that I have not reported to Comfort Keepers.

**Client Notice And Verification:**  
The undersigned certifies that the Comfort Keepers employee named Herein worked acceptably during the period noted on this sheet.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Client Signature