

SENIORSITTERS, INC.

WORKER TIME/LOG SHEETS

The attached time/log sheets are for print and copy purposes only. They may be used to make copies onto either yellow paper (for regular hours), or blue paper (for overnight hours). White sheets will not be accepted; all time/log sheets submitted for payroll must be on colored paper.

SENIORSITTERS, INC. WORKER'S LOG/TIME SHEET

WORKER'S NAME _____ PHONE # _____

CONSUMER'S NAME _____ PHONE # _____

Consumer must examine and sign for each day of service. **INITIALS ARE NOT ACCEPTABLE!**

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____ PRESCRIPTION: Personal Care Housekeeping Both

If you work two (2) shifts during a day, you must use two (2) timesheets; one for each shift

IMPORTANT – ALWAYS START A NEW TIMESHEET ON SATURDAY OF EACH WEEK

	SAT	SUN	MON	TUES	WED	THURS	FRI
DATE							
TIME IN	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
TIME OUT	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM
TOTAL HOURS							
TASKS:							
BATHING: SHOWER/SPONGE BATH							
DRESSING							
GROOMING: ELEC.SHAVE or NAIL CARE							
HAIR CARE							
ORAL CARE							
SKIN CARE							
TOILETING or BEDSIDE COMMODE							
TRANSFERRING							
WALKING							
CLIMBING STAIRS							
MEAL PREP or ASST. WITH EATING							
ASSIST WITH MEDICATION							
LAUNDRY							
CHANGE BED LINEN							
DUSTING							
VACUUMING/SWEEPING							
CLEAN STOVE OR REFRIGERATOR							
DISHES							
OTHER (PLEASE WRITE-IN)							

PLEASE USE BACK OF SHEET FOR COMMENTS OR CHANGES ON CONSUMER'S CONDITION

**SENIORSITTERS INC. WORKERS OVERNIGHT LOG/TIMESHEETS
USE FOR OVERNIGHT ASSIGNMENTS ONLY**

Worker's Name _____

Consumer's Name _____

Phone: _____

Phone: _____

Day & Date In	Day & Date Out	Start Time	Stop Time	Total Hours	Consumer Signature

The consumer must exam and sign for each day in order to certify that the services rendered are in accordance with the authorized consumer's Plan of Service/Plan of Care. Also, that the worker delivered to the consumer all service hours listed on this form.

PRESCRIPTION: Personal Care Housekeeping Both

Please circle and check off the corresponding task in/next to the boxes to show what you did on each day.

Task	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Personal Hygiene (i.e. bath, shower, sponge bath, hair, oral, nail, and skin care)							
Toileting (i.e. bladder, bowel, and bed pan routines; movement to/from bathroom, empty colostomy bag)							
Dressing & Changing Clothes							
Mobility & Transfers							
Meal Prep or Assistance with Eating/Drinking							
Assist with Medications							
Laundry							
Change Bed Linen							
Dusting							
Vacuuming/Sweeping							
Clean Stove or Refrigerator							
Empty Garbage							
Other (please specify):							

PLEASE USE BACK OF SHEET FOR COMMENTS OR CHANGES ON CONSUMERS CONDITION