PRIVATE DUTY DA	ILY TIME SH	IEET NA	ME:								
DATE RECV'D CHICO OFFICE D					INCLUDE ALL VISITS MADE ON ONE DAY ON SAME TIME SHEET ATE RECV'D REDDING OFFICE						
CHECK YOU		E BEFORE I	VIAKING VIS	113 - DO <u>IN</u>	<u>IOT</u> GO OVER H	OUKS SCHEL	DOLED WITHOU		NG SCHEDUL	EK FIKSI	
	VISIT			me (Last, First)			TIME	PW		ecord last 3 digits	
HC NUMBER TYPE Non-Vis			Activity (Travel	, Break, Lunch,	, Vac, Sick, etc)	IN	OUT	IN	START	END	
							+			+	
										 	
										1	
						<u> </u>				_1	
VISIT	TYPE CODES		NON-VISIT	T ACTIVITY	I certify tha	t the above info	rmation given by m	e for payme	ent under Title X\	/II &/or XIX	
RN - RN	LN - LVN Orientation Travel					of the Social Security Act is correct & I understand fully that the penalty for purposely					
IH - HHA	CN - CNA	Lunch/Persnl Meeting			supplying false information to induce the above reimbursement may result in						
T - GTRW	HM - Homem		Sick	Vacation			. If I worked a 5 hr			-	
AP - Person	al Care Attenda	nt		Worked /ement	and lunch a	is mandated by S	itate & Federal labo	or regulation	is unless otherw	ise noted.	
			Other -		-						
\groups\p&ps\forms\time	esheetfield-new.x	lsx Rev 5/2014	•		Employee Signatur	e		Date		Approval	
OATE RECV'D CHICO					INCLUDE ALL VISI	DING OFFICE					
CHECK YOU	JR SCHEDUL	E BEFORE I	MAKING VIS	SITS - DO <u>N</u>	<u>IOT</u> GO OVER H	OURS SCHEE	DULED WITHOU	JT CALLII	NG SCHEDUL	ER FIRST	
	VISIT		Patient Na	me (Last, First)			TIME	PW		ecord last 3 digits	
HC NUMBER	TYPE	Non-Visit	Activity (Travel	, Break, Lunch,	, Vac, Sick, etc)	IN	OUT	IN	START	END	
										 	
							1			+	
							+			+	
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							+	+		+	
							-			1	
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							1			1	
	TYPE CODES			CACTIVITY	I certify tha	t the above info	rmation given by m	e for payme	ent under Title X\	/II &/or XIX	
N - RN LN - LVN			Orientation	Travel	-	Security Act is correct & I understand fully that the penalty for purposely					
			Meeting	supplying false information to induce the above reimbursement may result in							
GT - GTRW HM - Homemaker Sick Vacation AP - Personal Care Attendant Holiday Worked					termination of employment. If I worked a 5 hr day or more, I have taken my breaks and lunch as mandated by State & Federal labor regulations unless otherwise noted.						
A: - FC:30!!			Holiday		and llinch	s mandated by 9	tate & Federal labo	r regulation	is unless otherw	ise noted	
		nt		/ement	and lunch a	s mandated by S	tate & Federal labo	r regulation	ns unless otherw	ise noted.	
		nt	Bereav		and lunch a	s mandated by S	tate & Federal labo	or regulation	ns unless otherw	ise noted.	