Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

**Definition of tasks**

**Personal Care:** Includes bath/shower, dressing/undressing, grooming/minor hygiene, etc.

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Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Period: **\_\_\_\_/\_\_\_/\_\_\_\_\_ - \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**

Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
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| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
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| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
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| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
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| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |

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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
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| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
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| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Attendant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\* circle am or pm after each time in time out**

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|  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| DATES |  |  |  |  |  |  |  |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time In | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| Time Out  | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM | AMPM |
| **DAILY TOTAL HOURS** |  |  |  |  |  |  |  |

**Check box if consumer** Hospital Hospital Hospital Hospital Hospital Hospital Hospital

 **was hospitalized**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASKS |  | SATURDAY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Personal Care |  |  |  |  |  |  |  |  |
| Toileting |  |  |  |  |  |  |  |  |
| Health |  |  |  |  |  |  |  |  |
| Housekeeping |  |  |  |  |  |  |  |  |
| Transportation  |  |  |  |  |  |  |  |  |
| Meals |  |  |  |  |  |  |  |  |
| Total Hours for Pay period : | **Employer’s Signature** | **Attendant’s Signature** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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