

QN EVV Backup Daily Timesheet RN/LPN

Client Name: Last: _____ First: _____

Provider Name: Last: _____ First: _____

Day: _____ Date: _____

(one day per sheet)

Attendant Care

Time In(am/pm) _____ Time Out(am/pm) _____ Total Hrs. _____

Time In(am/pm) _____ Time Out(am/pm) _____ Total Hrs. _____

Time In(am/pm) _____ Time Out(am/pm) _____ Total Hrs. _____

Total Service Hours _____

Why were you unable to use EVV? _____

Provider Signature: _____ Date: _____

Patient Signature: _____ Date: _____