# In-Home Support/UAP Attendant Care CAREGIVER Timesheet Payroll B

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| **Caregiver Name:** | **Caregiver ID #:** |
| **Client Name:** | **Client ID #:** |
| **Employer Contact:** | **Caregiver Contact:** |

| **DAILY TASK** **Write in Dates →** | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| PROVIDE/ASSISTANCE WITH ADL'S | | | | | | | | | | | | | | | |
| ** Bathing | | | | | | | | | | | | | | | |
| ** Dressing | | | | | | | | | | | | | | | |
| ** Grooming | | | | | | | | | | | | | | | |
| ** Personal Hygiene | | | | | | | | | | | | | | | |
| ** Transferring and Mobility | | | | | | | | | | | | | | | |
| ** Assist with Commode/Urinal/Bedpan | | | | | | | | | | | | | | | |
| PREPARE AND SERVE MEAL/SNACK | | | | | | | | | | | | | | | |
| GENERAL HOUSEKEEPING | | | | | | | | | | | | | | | |
| **☐Vacuum ☐Mop ☐Dust | | | | | | | | | | | | | | | |
| **☐Sweep ☐Trash | | | | | | | | | | | | | | | |
| **☐Clean Kitchen ☐Clean Oven/Stove | | | | | | | | | | | | | | | |
| **☐Defrost/Clean Refrigerator | | | | | | | | | | | | | | | |
| **☐Laundry ☐Clean Bathroom | | | | | | | | | | | | | | | |
| ** Clean Participant's Immediate Living Area | | | | | | | | | | | | | | | |
| SHOPPING ASSISTANCE | | | | | | | | | | | | | | | |
| **☐Errands ☐Escort | | | | | | | | | | | | | | | |
| ASSISTANCE WITH COMMUNICATION | | | | | | | | | | | | | | | |
| MONITORING OF PARTICIPANT'S | | | | | | | | | | | | | | | |
| **☐Vital Signs ☐Skin Condition | | | | | | | | | | | | | | | |
| **☐Fluid Intake ☐Loss of Appetite | | | | | | | | | | | | | | | |
| REMIND TO TAKE MEDICATION | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | |

| **Date (MM/DD/YYYY)** | **Time In (HH:MM)** | **Time Out (HH:MM)** | **Total Hours** | **Summary of Client's Condition** |
|---|---|---|---|---|
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | (AM / PM) | (AM / PM) | | |
| | | **Grand Total Hours:** | | |

***Please circle AM or PM next to the time that is recorded for the time in andtime out***

Week runs from Sunday to Saturday

By signing below, both the caregiver and employer have reviewed and agree that the timesheet is correct, and the above hours are within the clients budget and have been worked by the caregiver.

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| **Caregiver/Employee Signature:** | **Date:** |
| **Guardian/Employer Signature:** | **Date:** |

**Please note: Deadline for timesheets are every Monday at 4:00 pm following the week of service. Please note, all timesheets that are turned in after the 4:00 pm deadline, of the Monday of the pay week, will be processed on your next pay. NO EXCEPTIONS**
***Incomplete or Illegible timesheets will not be processed***