GUARDIAN ANGEL HEALTH AGENCY, LLC

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DODD HOMEMAKER/PERSONAL CARE

CLIENT NAME: _____ **DATE**____/_____/_____

DATE	EMPLOYEE NAME (PRINT)	EMPLOYEE SIGNATURE	TIME-IN	TIME-OUT	TOTAL HOURS	CLIENT/GUARDIAN SIGNATURE
			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		

_____ Employee Name

_____ Signature

____/____/____ Date

_____ Total Hours

_____ Client/Guardian name

_____ Signature

____/____/____ Date

Note: This is a legal document and your signature verifies the work has been done. Form must be signed by the client and staff. USE OF WHITEOUT TO CORRECT TIMESHEET IS NOT ALLOWED AND WILL RESULT IN HOURS NOT PAID. TIMESHEETS ARE DUE IN OFFICE EVERY MONDAY BY 12 NOON NO EXCEPTIONS

As part of documentation, please complete the ISP checklist/Care Plan on a daily basis.