

# GUARDIAN ANGEL HEALTH AGENCY, LLC

639 S. Hamilton Ave, Whitehall OH 43213 Tel: (614) 868-3226 Fax: (614) 868-3437

**Patient Name:** \_\_\_\_\_ **Employee Name:** \_\_\_\_\_

## AM Shift (Mark with an X all tasks completed during this shift)

DAY	DATE	TIME IN	TIME OUT	PATIENT SIGNATURE	DATE	EMPLOYEE SIGNATURE	DATE
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

## PM Shift (Mark with a √ all tasks completed during this shift)

DAY	DATE	TIME IN	TIME OUT	PATIENT SIGNATURE	DATE	EMPLOYEE SIGNATURE	DATE
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							

**Total Hours Worked:** \_\_\_\_\_

**Total Hours Worked (Should Not Exceed Authorized hours to work/Per Care-Plan)** \_\_\_\_\_

SERVICES	S	M	T	W	T	F	S	SERVICES	S	M	T	W	T	F	S
<b>HOME-MAKING</b>								<b>PERSONAL CARE</b>							
Vacuuming								Bath (circle One)							
Dust/Damp/ Mob								Tub/Bed/Shower							
Kitchen								Foot Care							
Dishes								Hair Care							
Bathroom								Shampoo							
Make/Change Bed								Shave							
Empty Trash								Oral Care							
Meal Preparation								Clean Dentures							
Laundry (Wash)								Skin Care							
Laundry (Put away)								Assist with Dressing							
Empty Commode								Check Pressure areas							
								Nail care							
								<b>CHANGES IN</b>							
<b>ERRANDS</b>								Skin Care (Circle One)							
Shopping								Dry/Red/Bruised							
Prescription Pick-up								Broken, Itchy							
Accompany to appt								Swelling in:							
								Hands/Feet							
								Legs (R ___/L ___)							

**COMMENTS:** \_\_\_\_\_

**Client's Signature/Date:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**HHA Signature/Date:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: This is a legal document and your signature verifies the work has been done. Form must be signed by client and staff.**

**USE OF WHITEOUT TO CORRECT TIMESHEET IS NOT ALLOWED AND WILL RESULT IN HOURS NOT PAID**

**TIMESHEETS ARE DUE IN THE OFFICE EVERY MONDAY BY 12:00 NOON. NO EXCEPTIONS**