

Passport**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
HOME-MAKING								PERSONAL CARE							
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							
								CHANGES IN							
ERRANDS								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