



- The Sun Home Health Care Delaware
- The Sun Home Health
- The Sun Home Health Care Columbus
- The Sun Adult Care

Weekly Time Record

Employee Name																		
Patient's Name																		
Schedule/Duration																		
Day	Date	Time	Time	Hours	Emp. Sign	Pt. Sign												
Sun	- -	am/pm	am/pm															
Mon	- -	am/pm	am/pm															
Tues	- -	am/pm	am/pm															
Wed	- -	am/pm	am/pm															
Thurs	- -	am/pm	am/pm															
Fri	- -	am/pm	am/pm															
Sat	- -	am/pm	am/pm															
Total	Days	Total # of Hours																
Services		S	M	T	W	TH	F	S	Services		S	M	T	W	TH	F	S	
Activities									Personal Care									
Turn & Position									Bath/Shower									
Mobility Assist									Tube/Bed									
ROM exercises									Hair Care									
Ambulation Assist									Shampoo									
Home making									Shave									
Vacuuming									Mouth/Denture Care									
Dust/Damp Mop									Oral Care-swab/brush									
Kitchan cleaned									Assist with Dressing									
Dishes									Lotion/Skin barrier									
Bathroom									Help with toileting									
Make/Change Bed									Nail Care									
Empty commode									Wash/rub back									
Empty trash									Check for skin breakdown									
Laundry/client's home									Catheter Care									
Laundry/Laundromat									Elimination assist									
Wash stove top									Equipment care									
Clean refrigerator									Check Swelling									
Dust									Abdomen/None									
Mirrors/Windows									Hands/Feet									
Other									Legs(R/L)									
Errands									Nutrition									
Shooping									Diet Order									
Prescription pickup									Food Allergies									
Appt accompany									Limit/Enc Fluids									
Grocery shopping									Meals Prep									
Cash-received									Feeding/Serving									
Cash-returned									BP/BS check reminders									
Client Refused/client not home									Medication Reminders									

I hereby certify that the hours recorded on this document are correct and that the work reflected by this time was performed in a satisfactory manner. This document is submitted as documentation of and for billing services rendered. In addition, I certify that the consumer and associate named by signature above did not receive any injuries/unusual incidents during the assignment.

By signing this timesheet you are agreeing that the ride performed the listed duties on the dates and times shown.