**GIIR HOME LLC. PS -TIME SHEET**

**2910 Pillsbury Ave S, Suite 434**

**Minneapolis, MN, 55408**

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*For the Week of Sunday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ thru Saturday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *DAY* | *DATE* | *TIME IN* | *TIME OUT* | *TOTAL HOURS* | *TOTAL ALLOTMENT PER SERVICE AREA* |
| *Sun* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Mon* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Tue* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Wed* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Thurs* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Fri* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |
| *Sat* |  |  |  |  | *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.*  *Service area\_\_\_\_\_\_\_\_\_. Time spent \_\_\_\_\_\_\_\_.* |

|  |  |
| --- | --- |
| *TOTAL HOURS PER WEEK* |  |

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| *SERVICE AREA KEY:* |
| *1. Bathing, moth, denture Care, Grooming, Hair , Nail Dressing,* |
| *2. Arranging medical Transportation, pick up prescriptions, medication reminder, Watchful Supervision* |
| *3. Housekeeping* |
| *4. Ambulatory and transfer, assisting with transfer, assisting with walking, encouraging, physical activity, assisting with exercise* |

*Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

*Client/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*

*WS Manager Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_*