**GIIR HOME LLC. RC-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. Counsel caregiver find solution, recommend, support, encourage* |
| *2. Drive and Assist,* |
| *3. Medical appointments* |
| *4. Assist W/Communication* |
| *5. Physical Help* |
| *6. Follow Checklist* |

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

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

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