Silver Mountain Home Health Care LLC

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# RESPITE IN HOME

Employee's Name: _____

Client's Name: _____

Client Representative Name: _____

| *Date:* | *Time In* | *Time Out:* | | *Date:* | *Time In:* | *Time Out:* |
|---|---|---|---|---|---|---|
| 01/11/24 | am/pm | am/pm | | 01/18/24 | am/pm | am/pm |
| 01/12/24 | am/pm | am/pm | | 01/19/24 | am/pm | am/pm |
| 01/13/24 | am/pm | am/pm | | 01/20/24 | am/pm | am/pm |
| 01/14/24 | am/pm | am/pm | | 01/21/24 | am/pm | am/pm |
| 01/15/24 | am/pm | am/pm | | 01/22/24 | am/pm | am/pm |
| 01/16/24 | am/pm | am/pm | | 01/23/24 | am/pm | am/pm |
| 01/17/24 | am/pm | am/pm | | 01/24/24 | am/pm | am/pm |

**Has the Client been in the Hospital, a Care Facility or Incarcerated during these two weeks?**

**If so, please complete the following: Date in_____ Date out_____**

**Acknowledgement and Required Signatures (not valid unless signed by both Parties):**

Review the completed time sheet for accuracy before signing. It is a federal crime to provide false information on this timesheet. Your signature verifies the time and services entered above are accurate. *All time documented is assumed to be 1 staff to 1 client (1:1) unless otherwise noted above time entry for that shift. For example, staff working with 2 clients at once should indicate 1:2 above time entries, 1:3 etc. A separate timesheet should be done for each client with whom the staff works.

_____ _____ _____ _____

Employee Signature Date Client/Client Rep Date