# Silver Mountain Home Health Care LLC

1607 Chicago Ave S, Minneapolis, MN 55404 Phone: 612-226-5375 Fax: 651-204-9193
Email: info@silvermountainhhc.com Web: www.silvermountainhhc.com

INDV HOME SUPTS W/O TRNG

Employee's Name: ______________________________________________________________________

Client's Name: __________________________________________________________________________

Client Representative Name: _____________________________________________________________

| Date: | Time In | Time Out: | | Date: | Time In: | Time Out: |
|---|---|---|---|---|---|---|
| 03/21/2024 | AM/PM | AM/PM | | 03/28/2024 | AM/PM | AM/PM |
| 03/22/2024 | AM/PM | AM/PM | | 03/29/2024 | AM/PM | AM/PM |
| 03/23/2024 | AM/PM | AM/PM | | 03/30/2024 | AM/PM | AM/PM |
| 03/24/2024 | AM/PM | AM/PM | | 03/31/2024 | AM/PM | AM/PM |
| 03/25/2024 | AM/PM | AM/PM | | 04/01/2024 | AM/PM | AM/PM |
| 03/26/2024 | AM/PM | AM/PM | | 04/02/2024 | AM/PM | AM/PM |
| 03/27/2024 | AM/PM | AM/PM | | 04/03/2024 | 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 ___________________

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 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 |