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:*
04/18/24	am/pm	am/pm		04/25/24	am/pm	am/pm
04/19/24	am/pm	am/pm		04/26/24	am/pm	am/pm
04/20/24	am/pm	am/pm		04/27/24	am/pm	am/pm
04/21/24	am/pm	am/pm		04/28/24	am/pm	am/pm
04/22/24	am/pm	am/pm		04/29/24	am/pm	am/pm
04/23/24	am/pm	am/pm		04/30/24	am/pm	am/pm
04/24/24	am/pm	am/pm		05/01/24	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