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:*
04/04/24	am/pm	am/pm		04/11/24	am/pm	am/pm
04/05/24	am/pm	am/pm		04/12/24	am/pm	am/pm
04/06/24	am/pm	am/pm		04/13/4	am/pm	am/pm
04/07/24	am/pm	am/pm		04/14/24	am/pm	am/pm
04/08/24	am/pm	am/pm		04/15/24	am/pm	am/pm
04/09/24	am/pm	am/pm		04/16/24	am/pm	am/pm
04/10/24	am/pm	am/pm		04/17/24	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