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## Bi-Weekly Timesheet

Consumer Name: \_\_\_\_\_

Pay Period Begin \_\_\_\_\_ Pay Period End: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Caregiver Phone: \_\_\_\_\_

	Days	Date	Work Time			Hours
			Time -In			
<b>Week 1</b>	Sat		Time -In			
			Time-Out			
	Sun		Time-In			
			Time-Out			
	Mon		Time-In			
			Time-Out			
	Tue		Time-In			
			Time-Out			
	Wed		Time-In			
			Time-Out			
	Thu		Time-In			
			Time-Out			
	Fri		Time-In			
			Time-Out			
<b>Week 2</b>	Sat		Time-In			
			Time-Out			
	Sun		Time-In			
			Time-Out			
	Mon		Time-In			
			Time-Out			
	Tue		Time-In			
			Time-Out			
	Wed		Time-In			
			Time-Out			
	Thu		Time-In			
			Time-Out			
	Fri		Time-In			
			Time-Out			

Week	Week 1							Week 2							
	Days	Sa	Su	M	Tu	W	Th	F	Sa	Su	M	Tu	W	Th	F
Bathing															
Dressing															
Feeding															
Grooming															
Mobility/Walking															
Toileting															
Transferring															
Med. Reminder															
Telephone Use															
Socialization															
Shopping															
Meal Prep.															
Transportation															
Housekeeping															
Laundry/Fold															
Oral Care															
Supervised Walks															
Other															
Consumer Initials															
Caregiver Initials															

Week 1 Hrs. \_\_\_\_\_ Week 2 Hrs. \_\_\_\_\_ Total Hrs. \_\_\_\_\_ I attest that above initials confirm the caregiver has worked the hours started in accordance with the care plan.

Office Use Only

Approved By: \_\_\_\_\_

Consumer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I attest that the above initials confirm the record of time is true & accurate in accordance with my duty sheet.

Caregiver's Signature \_\_\_\_\_ Date: \_\_\_\_\_