

**Adventist Homecare & Medical Services**  
**703 Schley Avenue, Cordele, GA 31015**  
**Phone: 229-273-4100 Fax: 229-273-0092**

**"All original timesheets must be mailed to the office in order to be paid"**

**MONTH/YEAR:** \_\_\_\_\_

**Clients Name:** \_\_\_\_\_ **Client Frequency:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Employee Phone #:** \_\_\_\_\_

By my signature, I submit that this worksheet is correct and that I have performed the duties indicted to the best of my ability. I also understand that my pay is subject to verification of this information, and AHC must receive my timesheet before any check can be issued to me. It is illegal and punishable by law to falsify my timesheet/worksheet.

	SUN	MON	TUE	WED	THUR	FRI	SAT	SUN	MON	TUE	WED	THUR	FRI	SAT
<b>Date</b>														
<b>Time-In (AM)</b>														
<b>Time-Out (AM)</b>														
<b>Time-In (PM)</b>														
<b>Time-Out (PM)</b>														
<b>Total Hours Worked</b>														
<b>Ambulation/Transfer</b>														
<b>Hair Care, Oral Care, Skincare/Shaving &amp; Nail Care (file nails only)</b>														
<b>Dressing</b>														
<b>Toileting</b>														
<b>Skin Observation</b>														
<b>Nutritional Support</b>														
<b>Prepare Meals/Clean Up</b>														
<b>Feed Patient/Assist</b>														
<b>Record Fluid input/output</b>														
<b>Vacuum/Mop/Dust</b>														
<b>Empty Trash</b>														
<b>Clean Bedroom</b>														
<b>Clean Bathroom, Kitchen and Run Errands for Client</b>														
<b>Laundry/Linens</b>														
<b>Remind Client to take Medication</b>														
<b>Bath Tub/bed/shower</b>														
<b>TOTAL HOURS</b>														

**Client Signature:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RN Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_