APOLLO HOME CARE SERVICES - WEEKLY EMPLOYEE TIME SHEET

	Month/Date/Year:															Notes:
		Sur	nday	Мо	nday	Tue	sday	Wedi	nesday	Thu	rsday	Fri	day	Satu	irday	
	Time In:															
	Time Out:															
	TOTAL TIME UNITS:															
						• 				•						
	Personal Care and Homemak				st Initial ea	-				-		-				
Y		POC I	nitial	POC	Initial	POC	Initial	POC	nitial	POC I	nitial	POC	Initial	POC I	nitial	
	Bathing (Shower or Sponge)															
	Hair Care / Shampoo															
E	Hygiene (Nail or Mouth Care)															
N	Skin Care (Lotion or Cream)															
E	Shaving															
	Dress & Undress															
Α	Help to Walk/Bed/Chair/Auto															
S	Protective oversight		1							Î						
	Medication Reminding	1														
	Accompany to															
	Appnts/Shopping/Errands															
S	Feeding															
т	Bladder Care															
	Bowel Care															
	Exercise															
	Positioning															
	Transfers															
	Respiratory Care															
	Respite/Companionship (Private)															
	Shopping															
ы	Vacuum - Bedroom															
	Vacuum - Living Room															
	Mopping - Kitchen															
	Mopping - Bathroom															
	Dusting															
C	Kitchen Cleaning															
H O	Bathroom Cleaning															
-	Breakfast Preparation															
	Lunch Preparation															
U	Dinner Preparation															
	Snack Preparation	 	ļ		 	ļ	<u> </u>	ļ	ļ				ļ	ļ		
	Dishwashing	<u> </u>		-			<u> </u>		[<u> </u>		
	Bedmaking	 	ļ		 	ļ	<u> </u>	ļ	ļ				ļ	ļ		
	Linen Change	<u> </u>					<u> </u>									
	Laundry at Home				<u> </u>	ļ	<u> </u>	ļ					ļ			
	Laundry at Laundromat	 	ļ		 	ļ	<u> </u>	ļ	ļ				ļ	ļ		
	Trash Out															

I hereby certify that the above provided information is, to the best of my knowledge, truthful and correctly reflects the actual amount of the billable hours. I understand and agree that if I knowingly provide any false or misleading statements in respect to the above written information it may construe an offence prosecutable by law and may be subject to monetary and/or legal penalties. I hereby release Apollo Home Care from any liabilities that may occur as a result of my actions and hold harmless set company for its actions in a case that such actions become necessary.

PCP Name:	PCP Signature:	Client Name:	Client Signature:
		cheme Marine:	