



**Everest Home Care, LLC**  
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## BI-WEEKLY TIMESHEET

CONSUMER NAME (First, MI, Last)	EMPLOYEE NAME (First, MI, Last)
Period Starting Date: <u>    </u> / <u>    </u> / <u>    </u> <small>MM DD YYYY</small>	Period Ending Date: <u>    </u> / <u>    </u> / <u>    </u> <small>MM DD YYYY</small>

WEEK 1	DATES OF SERVICE (MM/DD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	TIME IN	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>
	TIME OUT	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>
	TOTAL HOURS	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

**TOTAL HOURS FOR 1st WEEK**

WEEK 2	DATES OF SERVICE (MM/DD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	TIME IN	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>
	TIME OUT	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>	<u>  </u> / <u>  </u>
	TOTAL HOURS	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>	<u>  </u>

**TOTAL HOURS FOR 2nd WEEK**

Note: ✓ and ✗ = Task Complete; N= Not Performed; R = Refused; S = Self performed; RS = Reported to Supervisor; H = Hospitalised

### AIDE DAILY ACTIVITY LOG

ACTIVITIES	Week 1							Week 2						
	S	M	T	W	TH	F	S	S	M	T	W	TH	F	S
Bathing														
Hair Care														
Dressing														
Lotion/Ointment/Oil														
Meal preparation														
Eating / Drinking														
Laundry														
Light Housekeeping														
Shopping														
Medication Reminder														
Reading / Writing														
Managing Finances														
Social / Leisure Activities														
Telephone use														
Securing Transportation														
Appointment Scheduling														
Caring Personal Possessions														
Obtaining Seasonal Clothing														
Using Prosthetic Device														
Ambulating														
Range of Motion														
Supervised Walks														
Supervision/ Coaching/ Cueing														
Toileting														
Bowel/ Bladder Management														
Transfers														
Incontinence Care														
Catheter Care														
Wound Care/ Skin Care														
G-Tube Feeding														
Other														

**TOTAL HOURS**

### Initial at the end of the shift

Week 1		
	Consumer	Employee
Sun		
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		

Week 2		
Sun		
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		

**Note:**

**Notice:** By signature below by both Client and Employee, you certify that the hours are accurate and that care was provided on the dates mentioned above. You also agreed to reimburse the amount if you have provided false record on this timesheet.

CONSUMER SIGNATURE	DATE	EMPLOYEE SIGNATURE	DATE
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Office Use Only: Please Sign & Date

Supervisor
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