

CONSUMER / CLIENT NAME _____

FAX COMPLETED TIME SHEETS TO: **215-543-3210**

PRINT EMPLOYEE NAME _____

WEEK START DATE (SATURDAY)	/ /
WEEK END DATE (FRIDAY)	/ /

CLASSIFICATION DCW PCA HHA CNA' Other _____

TIME SHEET

DAY	DATE	START TIME	FINISH TIME	BREAK	TOTAL TIME LESS BREAK	AUTHORIZED CONSUMER SIGNATURE
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
TOTAL		HOURS				

_____/_____/_____
Employee Signature **Date**

_____/_____/_____
Consumer Signature **Date**

DAILY PROGRESS NOTES; Caregivers must record daily notes about consumer care status.

SAT	
SUN	
MON	
TUE	
WED	
THU	
FRI	

CONSUMER Agrees to terms of NET UPON RECEIPT, and understands that unpaid amounts will be considered in default after 15 days, after which a default charge will be imposed at 11/2 % per month on unpaid balances (Annual rate of 18%) or the legal interest, whichever is lower. Consumer agrees to pay the default together with a reasonable attorney's fee for the cost of collection.

CONSUMER recognizes the rights of TriMED Healthcare, LLC as the employer and agrees not to employ the person named herein for a period of 180 days following termination of this assignment unless an assessment fee has been paid. The fee is \$3000 for individuals. And 25% the projected annual wage for facilities. Do not pay the employee directly. No credit can be assured against a current invoice. Employee BONDING claims are only assured if claims are made in writing and to the local police within 14days after notice of loss.

TriMED HEALTHCARE, LLC



Employees Check-In/Out Tel # 267-753-6994 AIDE ACTIVITY RECORD

Directions: This is a legal document. Carefully check the assignment/care plan. Initial activities completed. Clinical observations should also be called to the service coordinator or the nursing supervisor.

Place a check.√ under date of care activity actually performed.

	DATE	SAT	SUN	MON	TUE	WED	THU	FRI
	DAY							
	ACTIVITY							
BATHING	BED BATH							
	TUB / SHOWER BATH							
	PARTIAL BATH							
PERSONAL CARE	MOUTHCARE							
	DENTURES							
	HAIR CARE							
	SHAMPOO							
	EYE CARE							
	CHANGE CLOTHES SHOWER							
	SHAVE							
	SKIN CARE							
	FOOT CARE							
	TOILETING							
	BOWEL MOVEMENT							
	INCONTINENCE CARE							
	CATHERTER Drain							
AMBULATION	AMBULATE							
	TURN & POSITION							
	BED BOUND/ SIDE RAILS UP							
	TRANSFER – CHAIR- W/C							
EXERCISES	TRANSFER -COMMODE							
	ROM / EXERCISE ASST							
	WALK							
MEAL PRERATION	GROCERY SHOP							
	PREPARE MEAL / SNACK							
	FEED/ASSIST EATING							
	DIET INSTRUCTIONS							
	APPETITE (DESCRIBE)							
	FORCE FOODS/FLUIDS							
	ENCOURAGE FLUIDS							
	RECORD INTAKE / OUTPUT							
HOUSE KEEPING	LAUNDRY/LINEN							
	CLEAN BATHROOM, RM							
	CLEAN STRIGHTEN RM							
	CLEAN EQMT, KITCHEN							
OTHER	MEDICATION REMINDER							
	SOCIALIZATION							

CONDITIONS

CONSUMER NOTE: By your signature, you certify that hours shown are correct, work was completed Satisfactorily, and you agree to the terms listed below. **It is understood that overtime at 11/2 times will be billed for over 40 hours a week unless bound by waiver conditions. Employees must CHECK-IN and CHECK-OUT daily at 267-753-6994**
EMPLOYEE NOTE: By your signature, you certify that the hours recorded for the above dates are true and accurate and are properly verified by the client. A reminder that any overtime must receive prior written approval from the Supervisor. **Holidays are paid at a flat rate. Employees Time Sheets are due every Saturday at Noon. Mail Original Time Sheets to the Corporate Head Office. Employees submitting Late timesheets will be paid the following pay period.**