

# Excellent Care Services, Inc.

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ROCHESTER MN 55901

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Email: payroll@excellentservices.com

## HOMEMAKER/COMPANION TIMESHEET

CLIENT NAME (First, MI, Last)	HOMEMAKER (First, MI, Last)
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For the week of: Monday \_\_\_\_/\_\_\_\_/\_\_\_\_ thru Sunday \_\_\_\_/\_\_\_\_/\_\_\_\_

MM DD YY MM DD YY

DATES OF SERVICES (MM/DD)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time In (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
Time Out (circle AM or PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Complete the activities listed below according to the Homemaker Assignment Shee. For additions, changes, or deletions, contact the supervisor. To ensure payment you MUST write your INITIALS next to all the activities you provided for each date you provided care.

Socialization							
Meal Preparation							
Kitchen:							
Wash Dishes							
Clean Stove/Oven							
Clean Refrigerator							
Empty Garbage							
Sweep/Mop Floor							
Laundry:							
Load Washer							
Load Dryer							
Fold Clothes							
Put Away Clothes							
Living Room:							
Dust							
Vacuum							
Bathroom:							

Clean Toilet/Sink							
Sweep/Mop Floor							
Clean Shower/Tub							
Empty Garbage							
Bedroom:							
Change Bed Linen							
Dust							
Vacuum							
Empty Garbage							
Groceries							
Other:							
DAILY TOTAL HOURS							

Comments:						TOTAL HOURS FOR WEEK:	

CLIENT/RESPONSIBLE PARTY SIGNATURE	DATE	HOMEMAKER SIGNATURE	DATE
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NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED.  
PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK  
TIMESHEETS CAN BE FOUND AT OUR WEBSITE [WWW.EXCELLENTCARESERVICES.COM](http://WWW.EXCELLENTCARESERVICES.COM)

ADMIN (Initial)	Sup (Initial & Date)