

*Patient Name:

Employee Name:

* **Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to ellisonhomecare.com/timesheet if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	6/29/20	am pm	am pm			
TUE	6/30/20	am pm	am pm			
WED	7/1/20	am pm	am pm			
THU	7/2/20	am pm	am pm			
FRI	7/3/20	am pm	am pm			
SAT	7/4/20	am pm	am pm			
SUN	7/5/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **N**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 7/14/20

You will receive pay for this timesheet on

FRI, 7/17/20

Days of Service	MON 6/29/20	TUE 6/30/20	WED 7/1/20	THU 7/2/20	FRI 7/3/20	SAT 7/4/20	SUN 7/5/20
-----------------	----------------	----------------	---------------	---------------	---------------	---------------	---------------

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
ALWAYS make a copy for your records!

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
N
6/29/20
to
7/12/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

*Patient Name:

Employee Name:

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	7/6/20	am pm	am pm			
TUE	7/7/20	am pm	am pm			
WED	7/8/20	am pm	am pm			
THU	7/9/20	am pm	am pm			
FRI	7/10/20	am pm	am pm			
SAT	7/11/20	am pm	am pm			
SUN	7/12/20	am pm	am pm			

Pay Period **N**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 7/14/20

You will receive pay for this timesheet on

FRI, 7/17/20

TOT HRS <--- Write your total hours here

Days of Service	MON 7/6/20	TUE 7/7/20	WED 7/8/20	THU 7/9/20	FRI 7/10/20	SAT 7/11/20	SUN 7/12/20

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Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

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Fax this form to:
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Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

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11749

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Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
N
6/29/20
to
7/12/20

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MON	7/13/20	am pm	am pm			
TUE	7/14/20	am pm	am pm			
WED	7/15/20	am pm	am pm			
THU	7/16/20	am pm	am pm			
FRI	7/17/20	am pm	am pm			
SAT	7/18/20	am pm	am pm			
SUN	7/19/20	am pm	am pm			

Pay Period **0**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 7/28/20

You will receive pay for this timesheet on

FRI, 7/31/20

TOT HRS <--- Write your total hours here

Days of Service	MON 7/13/20	TUE 7/14/20	WED 7/15/20	THU 7/16/20	FRI 7/17/20	SAT 7/18/20	SUN 7/19/20

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Reminder !

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Pay Period
0
7/13/20
to
7/26/20

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

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TUE	7/21/20	am pm	am pm			
WED	7/22/20	am pm	am pm			
THU	7/23/20	am pm	am pm			
FRI	7/24/20	am pm	am pm			
SAT	7/25/20	am pm	am pm			
SUN	7/26/20	am pm	am pm			

Pay Period **0**
WEEK 2 of 2

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TUES, 7/28/20

You will receive pay for this timesheet on

FRI, 7/31/20

TOT HRS <--- Write your total hours here

Days of Service	MON 7/20/20	TUE 7/21/20	WED 7/22/20	THU 7/23/20	FRI 7/24/20	SAT 7/25/20	SUN 7/26/20
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Breakfast							
Lunch							
Dinner							
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Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
0
7/13/20
to
7/26/20

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FRI	7/31/20	am pm	am pm			
SAT	8/1/20	am pm	am pm			
SUN	8/2/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **P**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 8/11/20

You will receive pay for this timesheet on

FRI, 8/14/20

Days of Service	MON 7/27/20	TUE 7/28/20	WED 7/29/20	THU 7/30/20	FRI 7/31/20	SAT 8/1/20	SUN 8/2/20

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Suite 44
Islandia, NY
11749

Reminder !

ALWAYS make a copy for your records!

Pay Period
P
7/27/20
to
8/9/20

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
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MON	8/3/20	am pm	am pm			
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WED	8/5/20	am pm	am pm			
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FRI	8/7/20	am pm	am pm			
SAT	8/8/20	am pm	am pm			
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Pay Period **P**
WEEK 2 of 2

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TUES, 8/11/20

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FRI, 8/14/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/3/20	8/4/20	8/5/20	8/6/20	8/7/20	8/8/20	8/9/20

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Grooming Assistance							
Medication Assistance							
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Other (describe)							

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Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

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Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
P
7/27/20
to
8/9/20

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WED	8/12/20	am pm	am pm			
THU	8/13/20	am pm	am pm			
FRI	8/14/20	am pm	am pm			
SAT	8/15/20	am pm	am pm			
SUN	8/16/20	am pm	am pm			

Pay Period **Q**
WEEK 1 of 2

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TUES, 8/25/20

You will receive pay for this timesheet on

FRI, 8/28/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/10/20	8/11/20	8/12/20	8/13/20	8/14/20	8/15/20	8/16/20

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Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

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Mail / drop off to:
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Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
Q
8/10/20
to
8/23/20

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MON	8/17/20	am pm	am pm			
TUE	8/18/20	am pm	am pm			
WED	8/19/20	am pm	am pm			
THU	8/20/20	am pm	am pm			
FRI	8/21/20	am pm	am pm			
SAT	8/22/20	am pm	am pm			
SUN	8/23/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **Q**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 8/25/20

You will receive pay for this timesheet on

FRI, 8/28/20

Days of Service	MON 8/17/20	TUE 8/18/20	WED 8/19/20	THU 8/20/20	FRI 8/21/20	SAT 8/22/20	SUN 8/23/20
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Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
Q
8/10/20
to
8/23/20

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TUE	8/25/20	am pm	am pm			
WED	8/26/20	am pm	am pm			
THU	8/27/20	am pm	am pm			
FRI	8/28/20	am pm	am pm			
SAT	8/29/20	am pm	am pm			
SUN	8/30/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **R**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 9/8/20

You will receive pay for this timesheet on

FRI, 9/11/20

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/24/20	8/25/20	8/26/20	8/27/20	8/28/20	8/29/20	8/30/20

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Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

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Clean Bathroom							
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Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
R
8/24/20
to
9/6/20

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SAT	9/5/20	am pm	am pm			
SUN	9/6/20	am pm	am pm			

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Pay Period **R**
WEEK 2 of 2

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TUES, 9/8/20

You will receive pay for this timesheet on

FRI, 9/11/20

Days of Service	MON 8/31/20	TUE 9/1/20	WED 9/2/20	THU 9/3/20	FRI 9/4/20	SAT 9/5/20	SUN 9/6/20

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Recreational Activities							
Shopping							
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Transportation							
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Errands							
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Pay Period
R
8/24/20
to
9/6/20

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SUN	9/13/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **S**
WEEK 1 of 2

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TUES, 9/22/20

You will receive pay for this timesheet on

FRI, 9/25/20

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/7/20	9/8/20	9/9/20	9/10/20	9/11/20	9/12/20	9/13/20

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
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Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com
or
Fax this form to: **(631) 237-3820**
or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749
Reminder!
ALWAYS make a copy for your records!

Pay Period
S
9/7/20
to
9/20/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

*Patient Name:

Employee Name:

* **Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to ellisonhomecare.com/timesheet if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	9/14/20	am pm	am pm			
TUE	9/15/20	am pm	am pm			
WED	9/16/20	am pm	am pm			
THU	9/17/20	am pm	am pm			
FRI	9/18/20	am pm	am pm			
SAT	9/19/20	am pm	am pm			
SUN	9/20/20	am pm	am pm			

Pay Period **S**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 9/22/20

You will receive pay for this timesheet on

FRI, 9/25/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/14/20	9/15/20	9/16/20	9/17/20	9/18/20	9/19/20	9/20/20

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
ALWAYS make a copy for your records!

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
S
9/7/20
to
9/20/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	9/21/20	am pm	am pm			
TUE	9/22/20	am pm	am pm			
WED	9/23/20	am pm	am pm			
THU	9/24/20	am pm	am pm			
FRI	9/25/20	am pm	am pm			
SAT	9/26/20	am pm	am pm			
SUN	9/27/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **T**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 10/6/20

You will receive pay for this timesheet on

FRI, 10/9/20

Days of Service	MON 9/21/20	TUE 9/22/20	WED 9/23/20	THU 9/24/20	FRI 9/25/20	SAT 9/26/20	SUN 9/27/20
-----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

Use **Genius Scan** app on your phone to email this form to:
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Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
T
9/21/20
to
10/4/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	9/28/20	am pm	am pm			
TUE	9/29/20	am pm	am pm			
WED	9/30/20	am pm	am pm			
THU	10/1/20	am pm	am pm			
FRI	10/2/20	am pm	am pm			
SAT	10/3/20	am pm	am pm			
SUN	10/4/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **T**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 10/6/20

You will receive pay for this timesheet on

FRI, 10/9/20

Days of Service	MON 9/28/20	TUE 9/29/20	WED 9/30/20	THU 10/1/20	FRI 10/2/20	SAT 10/3/20	SUN 10/4/20
-----------------	----------------	----------------	----------------	----------------	----------------	----------------	----------------

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Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

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Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
T
9/21/20
to
10/4/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	10/5/20	am pm	am pm			
TUE	10/6/20	am pm	am pm			
WED	10/7/20	am pm	am pm			
THU	10/8/20	am pm	am pm			
FRI	10/9/20	am pm	am pm			
SAT	10/10/20	am pm	am pm			
SUN	10/11/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **U**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 10/20/20

You will receive pay for this timesheet on

FRI, 10/23/20

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	10/5/20	10/6/20	10/7/20	10/8/20	10/9/20	10/10/20	10/11/20

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
ALWAYS make a copy for your records!

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
U
10/5/20
to
10/18/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

*Patient Name:

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	10/12/20	am pm	am pm			
TUE	10/13/20	am pm	am pm			
WED	10/14/20	am pm	am pm			
THU	10/15/20	am pm	am pm			
FRI	10/16/20	am pm	am pm			
SAT	10/17/20	am pm	am pm			
SUN	10/18/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **U**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 10/20/20

You will receive pay for this timesheet on

FRI, 10/23/20

Days of Service	MON 10/12/20	TUE 10/13/20	WED 10/14/20	THU 10/15/20	FRI 10/16/20	SAT 10/17/20	SUN 10/18/20
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
U
10/5/20
to
10/18/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Name:

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	10/19/20	am pm	am pm			
TUE	10/20/20	am pm	am pm			
WED	10/21/20	am pm	am pm			
THU	10/22/20	am pm	am pm			
FRI	10/23/20	am pm	am pm			
SAT	10/24/20	am pm	am pm			
SUN	10/25/20	am pm	am pm			

TOT HRS <--- Write your total hours here

Pay Period **V**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 11/3/20

You will receive pay for this timesheet on

FRI, 11/6/20

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	10/19/20	10/20/20	10/21/20	10/22/20	10/23/20	10/24/20	10/25/20

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
ALWAYS make a copy for your records!

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
V
10/19/20
to
11/1/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

*Patient Name:

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	10/26/20	am pm	am pm			
TUE	10/27/20	am pm	am pm			
WED	10/28/20	am pm	am pm			
THU	10/29/20	am pm	am pm			
FRI	10/30/20	am pm	am pm			
SAT	10/31/20	am pm	am pm			
SUN	11/1/20	am pm	am pm			

Pay Period **V**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 11/3/20

You will receive pay for this timesheet on

FRI, 11/6/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	10/26/20	10/27/20	10/28/20	10/29/20	10/30/20	10/31/20	11/1/20

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Mail / drop off to:
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Suite 44
Islandia, NY
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Reminder !
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Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
V
10/19/20
to
11/1/20

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	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	11/2/20	am pm	am pm			
TUE	11/3/20	am pm	am pm			
WED	11/4/20	am pm	am pm			
THU	11/5/20	am pm	am pm			
FRI	11/6/20	am pm	am pm			
SAT	11/7/20	am pm	am pm			
SUN	11/8/20	am pm	am pm			

Pay Period **W**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 11/17/20

You will receive pay for this timesheet on

FRI, 11/20/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/2/20	11/3/20	11/4/20	11/5/20	11/6/20	11/7/20	11/8/20

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
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Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

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Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
W
11/2/20
to
11/15/20

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MON	11/9/20	am pm	am pm			
TUE	11/10/20	am pm	am pm			
WED	11/11/20	am pm	am pm			
THU	11/12/20	am pm	am pm			
FRI	11/13/20	am pm	am pm			
SAT	11/14/20	am pm	am pm			
SUN	11/15/20	am pm	am pm			

Pay Period **W**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 11/17/20

You will receive pay for this timesheet on

FRI, 11/20/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/9/20	11/10/20	11/11/20	11/12/20	11/13/20	11/14/20	11/15/20

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Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
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Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

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Fax this form to: **(631) 237-3820**

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

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Light Housekeeping Services (for patient/patient areas ONLY)							
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Laundry							
Mop							
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Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
W
11/2/20
to
11/15/20

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TUE	11/17/20	am pm	am pm			
WED	11/18/20	am pm	am pm			
THU	11/19/20	am pm	am pm			
FRI	11/20/20	am pm	am pm			
SAT	11/21/20	am pm	am pm			
SUN	11/22/20	am pm	am pm			

Pay Period **X**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 12/1/20

You will receive pay for this timesheet on

FRI, 12/4/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/16/20	11/17/20	11/18/20	11/19/20	11/20/20	11/21/20	11/22/20

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Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
X
11/16/20
to
11/29/20

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	11/23/20	am pm	am pm			
TUE	11/24/20	am pm	am pm			
WED	11/25/20	am pm	am pm			
THU	11/26/20	am pm	am pm			
FRI	11/27/20	am pm	am pm			
SAT	11/28/20	am pm	am pm			
SUN	11/29/20	am pm	am pm			

Pay Period **X**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 12/1/20

You will receive pay for this timesheet on

FRI, 12/4/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/23/20	11/24/20	11/25/20	11/26/20	11/27/20	11/28/20	11/29/20

Use **Genius Scan** app on your phone to email this form to: timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to: **(631) 237-3820**

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
ALWAYS make a copy for your records!

Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
X
11/16/20
to
11/29/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

*Patient Name:

Employee Name:

* **Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to ellisonhomecare.com/timesheet if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	11/30/20	am pm	am pm			
TUE	12/1/20	am pm	am pm			
WED	12/2/20	am pm	am pm			
THU	12/3/20	am pm	am pm			
FRI	12/4/20	am pm	am pm			
SAT	12/5/20	am pm	am pm			
SUN	12/6/20	am pm	am pm			

Pay Period **Y**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 12/15/20

You will receive pay for this timesheet on

FRI, 12/18/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/30/20	12/1/20	12/2/20	12/3/20	12/4/20	12/5/20	12/6/20

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
1747 Vets Mem Hwy
Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
Y
11/30/20
to
12/13/20

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Name:

* **Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to ellisonhomecare.com/timesheet if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	12/7/20	am pm	am pm			
TUE	12/8/20	am pm	am pm			
WED	12/9/20	am pm	am pm			
THU	12/10/20	am pm	am pm			
FRI	12/11/20	am pm	am pm			
SAT	12/12/20	am pm	am pm			
SUN	12/13/20	am pm	am pm			

Pay Period **Y**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 12/15/20

You will receive pay for this timesheet on

FRI, 12/18/20

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	12/7/20	12/8/20	12/9/20	12/10/20	12/11/20	12/12/20	12/13/20

Use **Genius Scan** app on your phone to email this form to: timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to: **(631) 237-3820**

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
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Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

Reminder !
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
Y
11/30/20
to
12/13/20

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	12/14/20	am pm	am pm			
TUE	12/15/20	am pm	am pm			
WED	12/16/20	am pm	am pm			
THU	12/17/20	am pm	am pm			
FRI	12/18/20	am pm	am pm			
SAT	12/19/20	am pm	am pm			
SUN	12/20/20	am pm	am pm			

Pay Period **Z**
WEEK 1 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 12/29/20

You will receive pay for this timesheet on

FRI, 1/1/21

TOT HRS <--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	12/14/20	12/15/20	12/16/20	12/17/20	12/18/20	12/19/20	12/20/20

Use **Genius Scan** app on your phone to email this form to:
timekeeping@ellisonhomecare.com

Attendant Care Services							
Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

or
Fax this form to:
(631) 237-3820

Meals							
Breakfast							
Lunch							
Dinner							
Snacks							

or
Mail / drop off to:
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Suite 44
Islandia, NY
11749

Light Housekeeping Services (for patient/patient areas ONLY)							
Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
Z
12/14/20
to
12/27/20

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	12/21/20	am pm	am pm			
TUE	12/22/20	am pm	am pm			
WED	12/23/20	am pm	am pm			
THU	12/24/20	am pm	am pm			
FRI	12/25/20	am pm	am pm			
SAT	12/26/20	am pm	am pm			
SUN	12/27/20	am pm	am pm			

Pay Period **Z**
WEEK 2 of 2

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

TUES, 12/29/20

You will receive pay for this timesheet on

FRI, 1/1/21

TOT HRS <--- Write your total hours here

Days of Service	MON 12/21/20	TUE 12/22/20	WED 12/23/20	THU 12/24/20	FRI 12/25/20	SAT 12/26/20	SUN 12/27/20
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

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Medication Assistance							
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Companion Services							
Recreational Activities							
Shopping							
Other (describe)							

Transportation							
Appointments							
Errands							
Other (describe)							

Pay Period
Z
12/14/20
to
12/27/20

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