



Employee ID _____

Email to payroll@easytouchhc.com

EMPLOYEE'S NAME _____

CLIENT'S NAME _____

Day	Date	Time In	Time Out	Total Hours	Employee's Signature	Client's Signature	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
ACTIVITIES	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ambulation							
Activity Out of Home							
Apply Lotion							
Assist Eating							
Assist Shaving							
Assist to Commode							
Assist with exercise							
Assist with walking							
Bathing							
Bladder Care							
Bowel Care							
Change Bed Linens							
Clean living areas							
Client Dr. Appointment							
Fall Risk							
Foot Care/Foot Soaks							
Hair Care							
Hygiene Assistance							
Incontinence Care							
Kitchen Cleanup							
Laundry							
Light Massage							
Make bed							
Meal Preparation							
Medication Reminders							
Special Diet Needs							
Taking client to appointment							
Toileting Assistance							
Recreational Activities							
Monitor Patient Safety							

TO ENSURE PROMPT PAYMENT PROCESSING, SUBMIT A COMPLETE AND ACCURATE TIMESHEET IN NEAT CONDITION IN BLUE OR BLACK INK BY MONDAY AT 3 PM, UNLESS OTHERWISE INSTRUCTED. PLEASE NOTE THAT NO SERVICES WILL BE PAID WHEN THE CLIENT IS HOSPITALIZED; ONLY AUTHORIZED HOURS WILL BE COMPENSATED. FURTHERMORE, VISITS LISTED ON THE TIMESHEET WILL ONLY BE PAID IF THEY HAVE BEEN VERIFIED BY A COORDINATOR.