



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
BATH	Personal Care										
	Total Care/Assist (Circle One)										
	Tub (100)										
Shower (101)											
HYGIENE/GROOMING	Bed (102)										
	Assist with Dressing (111)										
	Hair Care Comb (107)										
	Shampoo (108)										
	Mouth Care (104)										
	Skin Care (112) /Foot Care (113)										
	Dressing (109)										
	Oral Care – Brush/Dentures (106)										
	Toileting (115)										
	Diaper (114) /Commode (115)										
PROCEDURES	Temperature (400)										
	Record Output (407)										
	Assist with Temp. (412)										
	Remind to take medication(s) (409)										
	Pulse (403)										
Respiration (404)/BP (405)/Weight (406)											
ACTIVITY	Ambulation Assist (302)										
	Transfer Assist (300)										
	Assist with Walking (301)										
	Positioning (311)										
	Assist with Exercise Program (305)										
Assist with Range of Motion (306)											
NUTRITION	Diet-Regular/Prescribed (201)										
	Meal Preparation (201)										
	Assist with Feeding (206)										
	Breakfast (202)/Lunch (203)/Dinner (204)										
	Snack (205)										
Record Intake: Food (207)/Fluids (208)											
PATIENT ACTIVITY	Shopping & Errands (506)										
	Laundry (501)										
	Monitor Patient Safety (507)										
	Change Bed Linen (500)										
	Accompany pt. to MD appt. (508)										
	Diversional Act.: Read/Talk (509)										
	Light Housekeeping (502)										
Universal Precautions (511)											

TO ENSURE PROMPT PAYMENT PROCESSING, SUBMIT A COMPLETE AND ACCURATE TIMESHEET IN NEAT CONDITION IN BLUE OR BLACK INK BY WEDNESDAY 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.