

# Reliance Health Source, LLC d/b/a In Home Quality Care

## TIME SHEET

**Pay Period (Dates):** \_\_\_\_\_ Thru \_\_\_\_\_  
(Monday through Sunday)

**PRINT EMPLOYEE NAME** \_\_\_\_\_  
**PRINT CLIENT NAME** \_\_\_\_\_

	MONTH OF:	MON	TUES	WED	THU	FRI	SAT	SUN
<b>DATE:</b>								
<b>SHIFT ONE</b>	Time in:							
	Time out:							
<b>SHIFT TWO</b>	Time in:							
	Time out:							
<b>SHIFT THREE</b>	Time in:							
	Time out:							
<b>TOTAL:</b>								

**CLIENT NOTE:** By your signature, you certify that hours shown are correct, and work was completed satisfactorily for the days and time documented:

**CLIENT SIGNATURE** \_\_\_\_\_

**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.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reason for EVV Error/No signature Recorded (Select One)**

- Forgot to use Clock in/out \_\_\_\_\_
- Phone/Device not working \_\_\_\_\_
- Schedule Change not reported to office \_\_\_\_\_
- Client refuse to utilize E-signature \_\_\_\_\_
- Other: \_\_\_\_\_

**DEVIATIONS/COMMENTS:**

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## ACTIVITY RECORD

**Directions:** This is a legal document. Check the assignment/care plan. Check each activity that is completed. Indicate "R" if an assigned activity is refused by the client. Indicate "H" for hospitalizations. **Client changes, including hospitalizations should be called in to the office Manager. IMMEDIATELY. 336-844-4684**

ACTIVITY / DAY	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Bathing							
Hair Care							
Dressing							
Skin care							
Mouth Care							
Meal Preparation							
Feeding							
Vital Signs							
Medication REMINDERS							
Universal Precautions							
Securing Transportation							
Ambulation							
Range of Motion							
Supervised Walks							
Toileting							
Bow/Bladder Management							
Transfers							
Incontinence Care							
Catheter Care							
Laundry							
Housekeeping (Client Area)							
Bed Making							