

# CAREGIVER WEEKLY TIMESHEET

TIMESHEETS MUST BE COMPLETED WEEKLY AND TURNED IN TO NEKHC BY 10:00AM EVERY MONDAY

CAREGIVER/EMPLOYEE: \_\_\_\_\_

Day/Date	Client	Time In	Time Out	Total Hours	Personal Care	Res./Comp.	Mod. Needs
<b>Sunday</b>							
<b>Monday</b>							
<b>Tuesday</b>							
<b>Wednesday</b>							
<b>Thursday</b>							
<b>Friday</b>							
<b>Saturday</b>							

I HEREBY CERTIFY THAT THE ABOVE TIMESHEET IS AN ACCURATE RECORD AND REPORT OF THE HOURS I HAVE WORKED

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

IF YOU HAVE MILEAGE EXPENSES OR GROCERY OR OTHER MISCELLANEOUS EXPENSES FOR THE CLIENT, PLEASE ATTACH YOUR MILEAGE FORM AND RECEIPTS.

**NORTHEAST KINGDOM HOMECARE, INC**  
**P.O. BOX 250**  
**100 SECOND STREET**  
**NEWPORT, VT 05855**  
**(802) 334-7604**