



425 Huehl Rd, Bldg 13 Suite B Northbrook, IL 60062
 Phone: 224-636-5200 Fax: 224-636-5210

CLIENT NAME (PRINT): _____

CLIENT PHONE #: _____

HEMOCARE AIDE NAME (PRINT): _____

HEMOCARE AIDE PHONE #: _____

SUPERVISOR NAME: _____

THIS TIMESHEET IS DIRECTLY LINKED TO YOUR COMPENSATION. IT **MUST** MATCH THE EVV TELEPHONE SYSTEM TIMECLOCK AND THE ORIGINAL **MUST** BE RECEIVED IN OUR OFFICE BY MONDAY FOLLOWING THE PAY PERIOD.

SERVICE MONTH & DAYS:		HOURS SERVED	DUTY ID / TASKS (Circle Codes That Apply)	CLIENT SIGNATURE	DUTY ID / TASKS (Providing Assistance by Task)
1	16		1 2 3 4 5 6 7 8 9 10 11 12 13	(1 client signature is sufficient for each time sheet. Please sign on the last line below.)	1 - Eating 2 - Bathing 3 - Grooming 4 - Dressing 5 - Transferring 6 - Continance 7 - Telephoning 8 - Preparing Meals 9 - Laundry 10 - Housework 11 - Outside Home 12 - Routine Health 13 - Being Alone
2	17		1 2 3 4 5 6 7 8 9 10 11 12 13		
3	18		1 2 3 4 5 6 7 8 9 10 11 12 13		
4	19		1 2 3 4 5 6 7 8 9 10 11 12 13		
5	20		1 2 3 4 5 6 7 8 9 10 11 12 13		
6	21		1 2 3 4 5 6 7 8 9 10 11 12 13		
7	22		1 2 3 4 5 6 7 8 9 10 11 12 13		
8	23		1 2 3 4 5 6 7 8 9 10 11 12 13		
9	24		1 2 3 4 5 6 7 8 9 10 11 12 13		
10	25		1 2 3 4 5 6 7 8 9 10 11 12 13		
11	26		1 2 3 4 5 6 7 8 9 10 11 12 13		
12	27		1 2 3 4 5 6 7 8 9 10 11 12 13		
13	28		1 2 3 4 5 6 7 8 9 10 11 12 13		
14	29		1 2 3 4 5 6 7 8 9 10 11 12 13		
15	30		1 2 3 4 5 6 7 8 9 10 11 12 13		
	31		1 2 3 4 5 6 7 8 9 10 11 12 13		
TOTAL HOURS SERVED:					TWO-WAY RECEIPT AMOUNT GIVEN TO WORKER: CASH: _____ CHECK: _____ FOOD STAMPS: \$ _____ AMOUNT SPENT: \$ _____ CLIENTS SIGNATURE: _____ AMOUNT RETURNED TO CLIENT: CASH: _____ CHECK: _____ FOOD STAMPS: \$ _____ AMOUNT SPENT: \$ _____ _____ HEMOCARE AIDE SIGNATURE

REMEMBER

- TO MAIL THE ORIGINAL
- TO MAKE A COPY FOR YOUR RECORDS

HEMOCARE AIDE SIGNATURE: _____ DATE: _____
 My signature above indicates I have worked this week(s) without an accident or injury to myself and certifies I have provided services as specified above.

SUPERVISOR SIGNATURE: _____ DATE: _____