# Live Love & Laugh - Home Care Services, LLC.

**3604 Fernandina Rd Suite G, Columbia, SC 29210**

## TIMESHEET

Week Start date (Monday) _____ Week End Date (Sunday) _____

| Day (Shift) | Date | Time in | Time Out | Total Hrs | Client Initials | Aide Initials |
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**Total Weekly Hours _____**

| HOUSEKEEPING | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|
| Kitchen | | | | | | | |
| Bathroom | | | | | | | |
| Living Room | | | | | | | |
| Bedroom | | | | | | | |
| Make Bed/change Linen | | | | | | | |
| Laundry | | | | | | | |
| Take Out Trash | | | | | | | |
| Vacuum | | | | | | | |
| Sweep | | | | | | | |
| Mop | | | | | | | |
| Dusting | | | | | | | |
| Refrigerator | | | | | | | |
| Transportation/Errands | | | | | | | |
| **MOBILITY** | | | | | | | |
| Transfer | | | | | | | |
| Assist w/ Ambulation Supervise for Safety | | | | | | | |
| ROM Exercise | | | | | | | |
| Walking | | | | | | | |
| Turn & Position | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| PERSONAL CARE | M | T | W | T | F | S | S |
|---|---|---|---|---|---|---|---|
| Assist w/ Bath-Bed/Tub/shower | | | | | | | |
| Hair Care/Shampoo | | | | | | | |
| Assist w/ Dressing | | | | | | | |
| Incontinence Care | | | | | | | |
| Oral Hygiene | | | | | | | |
| Shaving | | | | | | | |
| Foot Care | | | | | | | |
| Empty Colostomy Bag | | | | | | | |
| Toileting | | | | | | | |
| SkinCare/Non-medicated | | | | | | | |
| Bedpan/Urinal/Bedside Commode | | | | | | | |
| Catheter Bag | | | | | | | |
| **NUTRITION** | | | | | | | |
| Meal Preparation/Assist Client | | | | | | | |
| Assist with Feeding | | | | | | | |
| Encourage Fluids/ Record intake | | | | | | | |
| Medication Reminder | | | | | | | |
| | | | | | | | |
| Other: | | | | | | | |
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**Client's Name: _____**
(Please Print)

**Employee Name: _____**
(Please Print)

**All timesheets are due into the office every Tuesday by 5:00pm. Timesheets submitted after the deadline will be held until the following pay period. Please make sure that your timesheets are completed entirely, accurately, and that they are legible. NO WHITE-OUT! (You may be required to come into the office to fill out a new one.) If there is a mistake made, please draw a line through it and initial it.*

**Client's Signature:** _____ **Date**: _____

**Employee Signature:** _____ **Date**: _____



**www.livelovelaughhcs.com**