



November 2020

Client Last Name

Client First Name

Caregiver Last Name

Caregiver First Name

Nov	Shift 1		Shift 2		Total Daily Hours*	Calendar Week Hours
	Time In	Circle AM or PM	Time Out	Circle AM or PM		
1 Sun	am pm	am pm	am pm	am pm		
2 Mon	am pm	am pm	am pm	am pm		
3 Tue	am pm	am pm	am pm	am pm		
4 Wed	am pm	am pm	am pm	am pm		
5 Thu	am pm	am pm	am pm	am pm		
6 Fri	am pm	am pm	am pm	am pm		
7 Sat	am pm	am pm	am pm	am pm		
8 Sun	am pm	am pm	am pm	am pm		
9 Mon	am pm	am pm	am pm	am pm		
10 Tue	am pm	am pm	am pm	am pm		
11 Wed	am pm	am pm	am pm	am pm		
12 Thu	am pm	am pm	am pm	am pm		
13 Fri	am pm	am pm	am pm	am pm		
14 Sat	am pm	am pm	am pm	am pm		
15 Sun	am pm	am pm	am pm	am pm		
16 Mon	am pm	am pm	am pm	am pm		
17 Tue	am pm	am pm	am pm	am pm		
18 Wed	am pm	am pm	am pm	am pm		
19 Thu	am pm	am pm	am pm	am pm		
20 Fri	am pm	am pm	am pm	am pm		
21 Sat	am pm	am pm	am pm	am pm		
22 Sun	am pm	am pm	am pm	am pm		
23 Mon	am pm	am pm	am pm	am pm		
24 Tue	am pm	am pm	am pm	am pm		
25 Wed	am pm	am pm	am pm	am pm		
26 Thu	am pm	am pm	am pm	am pm		
27 Fri	am pm	am pm	am pm	am pm		
28 Sat	am pm	am pm	am pm	am pm		
29 Sun	am pm	am pm	am pm	am pm		
30 Mon	am pm	am pm	am pm	am pm		

Total Hours

Nov	Authorized Tasks														Adult Tasks Only		
	1-A Locomotion In	1-B Locomotion Out	2 Bed Mobility	3 Transfers	4 Eating	5 toileting	6 Dressing	7 Personal Hygiene	8 Bathing	15 Walk in Room	16 Telephone Use	17 Skin Care/Foot Care	18 Meal Prep	11 House Work	12 Essential Shopping	13 Transportation	14 Medication Reminder
1 Sun																	
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29 Sun																	
30 Mon																	

Timesheet Fax: 1-866-865-3583

Email: timecard@sailsgroup.com

Mail: 19730 64th Ave W, Ste 215, Lynnwood, WA 98036

Note: Pay will be calculated based on telephony records.

Timesheet is for backup documentation only and is based on scheduled hours.

Contact: timecard@sailsgroup.com Phone: (425) 333-4114

*Total Daily Hours in quarter hour increments only. (.00, .25, .50 or .75)

Caregiver Signature

Client/Family Signature