



February 2019

Client Last Name _____

Client First Name _____

Caregiver Last Name _____

Caregiver First Name _____

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

Timesheet Fax: 1-866-865-3583

Email: timecard@sailsgroup.com

Mail: P.O. Box 1026 Carnation, WA 98014

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)

Total Hours _____

| | | Authorized Tasks | | | | | | | | | | | | | | |
|----|-----|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | Adult Tasks Only | | | | | | | | | | | | | | |
| 1 | Fri | 1-A Locomotion In | | | | | | | | | | | | | | |
| 2 | Sat | 1-B Locomotion Out | | | | | | | | | | | | | | |
| 3 | Sun | 2 Bed Mobility | | | | | | | | | | | | | | |
| 4 | Mon | 3 Transfers | | | | | | | | | | | | | | |
| 5 | Tue | 4 Eating | | | | | | | | | | | | | | |
| 6 | Wed | 5 Toileting | | | | | | | | | | | | | | |
| 7 | Thu | 6 Dressing | | | | | | | | | | | | | | |
| 8 | Fri | 7 Personal Hygiene | | | | | | | | | | | | | | |
| 9 | Sat | 8 Bathing | | | | | | | | | | | | | | |
| 10 | Sun | 15 Walk in Room | | | | | | | | | | | | | | |
| 11 | Mon | 16 Telephone Use | | | | | | | | | | | | | | |
| 12 | Tue | 17 Skin Care/Foot Care | | | | | | | | | | | | | | |
| 13 | Wed | 10 Meal Prep | | | | | | | | | | | | | | |
| 14 | Thu | 11 House Work | | | | | | | | | | | | | | |
| 15 | Fri | 12 Essential Shopping | | | | | | | | | | | | | | |
| 16 | Sat | 13 Transportation | | | | | | | | | | | | | | |
| 17 | Sun | 14 Medication Reminder | | | | | | | | | | | | | | |

FAMILY INITIALS

Caregiver Signature _____

Client/Family Signature _____