April 2020

Client Last Name _____ **Client** First Name _____

Caregiver Last Name _____ **Caregiver** First Name _____

		Shift 1				Shift 2						Authorized Tasks												Adult Tasks Only					
Apr		Time In	Circle AM or PM	Time Out	Circle AM or PM	Time In	Circle AM or PM	Time Out	Circle AM or PM	Total Daily Hours*	Calendar Week Hours	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	10 Meal Prep	11 House Work	12 Essential Shopping	13 Transportation	14 Medication Reminder	*FAMILY INITIALS*
1	Wed		am pm		am pm		am pm		am pm																				
2	Thu		am pm		am pm		am pm		am pm																				
3	Fri		am pm		am pm		am pm		am pm																				
4	Sat		am pm		am pm		am pm		am pm																				
5	Sun		am pm		am pm		am pm		am pm																				
6	Mon		am pm		am pm		am pm		am pm																				
7	Tue		am pm		am pm		am pm		am pm																				
8	Wed		am pm		am pm		am pm		am pm																				
9	Thu		am pm		am pm		am pm		am pm																				
10	Fri		am pm		am pm		am pm		am pm																				
11	Sat		am pm		am pm		am pm		am pm																				
12	Sun		am pm		am pm		am pm		am pm																				
13	Mon		am pm		am pm		am pm		am pm																				
14	Tue		am pm		am pm		am pm		am pm																				
15	Wed		am pm		am pm		am pm		am pm																				
16	Thu		am pm		am pm		am pm		am pm																				
17	Fri		am pm		am pm		am pm		am pm																				
18	Sat		am pm		am pm		am pm		am pm																				
19	Sun		am pm		am pm		am pm		am pm																				
20	Mon		am pm		am pm		am pm		am pm																				
21	Tue		am pm		am pm		am pm		am pm																				
22	Wed		am pm		am pm		am pm		am pm																				
23	Thu		am pm		am pm		am pm		am pm																				
24	Fri		am pm		am pm		am pm		am pm																				
25	Sat		am pm		am pm		am pm		am pm																				
26	Sun		am pm		am pm		am pm		am pm																				
27	Mon		am pm		am pm		am pm		am pm																				
28	Tue		am pm		am pm		am pm		am pm																				
29	Wed		am pm		am pm		am pm		am pm																				
30	Thu		am pm		am pm		am pm		am pm																				
										Total Hours																			

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 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 _____