

EMPLOYEE DUTY SHEET

FRIDAYS DATE: ___/___/20___



300 WEST MAIN ST-SMITHTOWN, NY 11787

PH -631-549-9500 FX-631-549-9508

Client Name _____ Client Address _____	Type of Service: () HHA () PCA () Live In	Employee Name: _____
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DAY	DATE	SHIFT START	SHIFT ENDED	HOURS WORKED	DAILY CLIENT SIGNATURE
SAT					
SUN					
MON					
TUES					
WED					
THUR					
FRI					
TOTAL HOURS WORKED					

CLIENT TERMS & CONDITIONS: It is certified that the hours recorded on this time slip are correct and that the work was performed satisfactorily. It is agreed also that all payments due will be made upon receipt of bill. I further agree that I will not solicit, on behalf of myself or any other person, the services of any assigned employee for a period of 6 months after completion of the contractual obligation to Community Care. Any violation of the above agreement will result in penalty charges of \$2,500.00 to Community Care plus court costs and attorney fees.

EMPLOYEE: The undersigned employee hereby certifies that the hours shown represent the total hours worked with this assignment during the week and that they were properly verified by the client or by an authorized representative.

WHITE = Office Copy
YELLOW = Patient Copy
PINK = Aide Copy

Key

- If care performed F - If family performed
 P - If patient performed R - If patient refused
 A - If assisted patient

1. You must fill out this form everyday you visit the patient.
2. Patient must sign the form everyday
3. This form must reach Community Care by Tuesday at 5:00 PM

EMPLOYEE SIGNATURE: _____

Date	S	S	M	T	W	T	F	Date	S	S	M	T	W	T	F
Day of Week	S	S	M	T	W	T	F	Day of Week	S	S	M	T	W	T	F
PERSONAL/ADLs								ACTIVITIES							
101. Mouth Care/Dentures								501. Assist with Ambulation							
102. Shave / Electric razor only								502. Assist with Transfers							
103. Dress/Clothe (Assist)								<input type="checkbox"/> Hoyer <input type="checkbox"/> Board <input type="checkbox"/> Pivot							
104. Hair Care								503. Turn and Position							
105. Shampoo								HOME MANAGEMENT							
106. Shower / Tub								601. Make Bed							
107. Bed Bath								602. Change Linen							
108. Sponge Bath								CLEAN / TIDY:							
109. Nail Care: Clean/File Only								603. Bedroom							
110. Skin Care / Lotion								604. Bathroom							
111. Toilet / Diaper								605. Kitchen							
112. Empty / Clean Commode								606. Wash Patient's Dishes							
113. Empty drainage bag								607. Vacuum / Sweep / Mop							
DIET								608. Dust Weekly							
Prepare and Serve:								609. Empty Trash							
201. Breakfast								610. Patient's Laundry							
202. Lunch								HHA CASES ONLY							
203. Dinner								701. Temperature							
204. Snacks								702. Pulse / Respiration							
205. Encourage Fluids								703. Blood Pressure							
206. Other								704. Change / Reinforce Simple Dressing							
REMINDE TO:								705. Assist / Ostomy Care							
301. Take Medications								706. Passive Range of Motion							
302. Other:								707. Other							
SUPPORTIVE ASSISTANCE															
401. Escort to Medical Appt.															
402. Shopping /Errands															
403. Other:															

CALL IN/OUT #: 855-890-7172