



# Private Duty Weekly Time Sheet

Submit by no later than 9pm every Thursday to FAX#:631-982-4734

Time Signed must be signed by Patient or family on date of service

Employee Name \_\_\_\_\_ Week Ending Thursday \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Print) (Last name) (First name)

Facility Worked: \_\_\_\_\_ Patient Name: \_\_\_\_\_

**Use a separate time sheet for each hospital, facility or private duty patient.**

OFFICE USE Service Code RN or CNA	Date (Please complete)	Unit / Floor (Be specific)	Time In (Please circle)	Time Out (Please circle)	Total Shift Hours Worked	Patient/Family Member Signature Manager / Supervisor Signature I understand that my signature below validates the hours worked as indicated.
RN / CNA	Fri		am / pm	am / pm		
RN / CNA	Sat		am / pm	am / pm		
RN / CNA	Sun		am / pm	am / pm		
RN / CNA	Mon		am / pm	am / pm		
RN / CNA	Tue		am / pm	am / pm		
RN / CNA	Wed		am / pm	am / pm		
RN / CNA	Thu		am / pm	am / pm		
<b>**** TIMESHEET MUST BE SIGNED ****</b>						<b>Total Hours Worked</b>

By signing below, I affirm that that the foregoing is correct to the best of my knowledge. I understand that falsifying any record herein may constitute fraud, and can subject me to consequences both civil and criminal.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day of Week	M	T	W	T	F	S	S	Day of Week	M	T	W	T	F	S	S
<b>PERSONAL/ADLs</b>								<b>ACTIVITIES</b>							
1. Mouth Care/Dentures								25. Assist with Ambulation							
2. Shave / Electric razor only								26. Assist with Transfers							
3. Dress/Clothe (Assist)								<input type="checkbox"/> Hoyer <input type="checkbox"/> Board <input type="checkbox"/> Pivot							
4. Hair Care								27. Turn and Position							
5. Shampoo								<b>HOME MANAGEMENT</b>							
6. Shower / Tub								28. Make Bed							
7. Bed Bath								29. Change Linen							
8. Sponge Bath								<b>CLEAN / TIDY:</b>							
9. Nail Care: Clean/File Only								30. Bedroom							
10. Skin Care / Lotion								31. Bathroom							
11. Toilet / Diaper								32. Kitchen							
12. Empty / Clean Commode								33. Wash Patient's Dishes							
13. Empty drainage bag								34. Vacuum / Sweep / Mop							
<b>DIET</b>								35. Dust Weekly							
Prepare and Serve:								36. Empty Trash							
14. Breakfast								37. Patient's Laundry							
15. Lunch															
16. Dinner								<b>OTHER TASK</b>							
17. Snacks								Temperature							
18. Encourage Fluids								Pulse / Respiration							
19. Other								Blood Pressure							
<b>REMINDE TO:</b>								Change / Reinforce Simple Dressing							
20. Take Medications								Assist / Ostomy Care							
21. Other:								Passive Range of Motion							
<b>SUPPORTIVE ASSISTANCE</b>								Other							
22. Escort to Medical Appt.															
23. Shopping /Errands															
24. Other:															