

\*Patient Name:

Employee Name:

**\* Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to [ellisonhomecare.com/timesheet](http://ellisonhomecare.com/timesheet) if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>7/1/19</b>	am pm	am pm			
<b>TUE</b>	<b>7/2/19</b>	am pm	am pm			
<b>WED</b>	<b>7/3/19</b>	am pm	am pm			
<b>THU</b>	<b>7/4/19</b>	am pm	am pm			
<b>FRI</b>	<b>7/5/19</b>	am pm	am pm			
<b>SAT</b>	<b>7/6/19</b>	am pm	am pm			
<b>SUN</b>	<b>7/7/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **N**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 7/16/19**

*You will receive pay for this timesheet on*

**FRI, 7/19/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	7/1/19	7/2/19	7/3/19	7/4/19	7/5/19	7/6/19	7/7/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Fax this form to:

**(631) 237-3820**

or

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**N**

**7/1/19**  
to  
**7/14/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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<b>MON</b>	<b>7/8/19</b>	am pm	am pm			
<b>TUE</b>	<b>7/9/19</b>	am pm	am pm			
<b>WED</b>	<b>7/10/19</b>	am pm	am pm			
<b>THU</b>	<b>7/11/19</b>	am pm	am pm			
<b>FRI</b>	<b>7/12/19</b>	am pm	am pm			
<b>SAT</b>	<b>7/13/19</b>	am pm	am pm			
<b>SUN</b>	<b>7/14/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **N**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 7/16/19**

*You will receive pay for this timesheet on*

**FRI, 7/19/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	7/8/19	7/9/19	7/10/19	7/11/19	7/12/19	7/13/19	7/14/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

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Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
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<b>MON</b>	<b>7/15/19</b>	am pm	am pm			
<b>TUE</b>	<b>7/16/19</b>	am pm	am pm			
<b>WED</b>	<b>7/17/19</b>	am pm	am pm			
<b>THU</b>	<b>7/18/19</b>	am pm	am pm			
<b>FRI</b>	<b>7/19/19</b>	am pm	am pm			
<b>SAT</b>	<b>7/20/19</b>	am pm	am pm			
<b>SUN</b>	<b>7/21/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **0**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 7/30/19**

*You will receive pay for this timesheet on*

**FRI, 8/2/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	7/15/19	7/16/19	7/17/19	7/18/19	7/19/19	7/20/19	7/21/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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Pay Period

**0**

**7/15/19**

to

**7/28/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>7/22/19</b>	am pm	am pm			
<b>TUE</b>	<b>7/23/19</b>	am pm	am pm			
<b>WED</b>	<b>7/24/19</b>	am pm	am pm			
<b>THU</b>	<b>7/25/19</b>	am pm	am pm			
<b>FRI</b>	<b>7/26/19</b>	am pm	am pm			
<b>SAT</b>	<b>7/27/19</b>	am pm	am pm			
<b>SUN</b>	<b>7/28/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **0**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 7/30/19**

*You will receive pay for this timesheet on*

**FRI, 8/2/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	7/22/19	7/23/19	7/24/19	7/25/19	7/26/19	7/27/19	7/28/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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Pay Period

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<b>MON</b>	<b>7/29/19</b>	am pm	am pm			
<b>TUE</b>	<b>7/30/19</b>	am pm	am pm			
<b>WED</b>	<b>7/31/19</b>	am pm	am pm			
<b>THU</b>	<b>8/1/19</b>	am pm	am pm			
<b>FRI</b>	<b>8/2/19</b>	am pm	am pm			
<b>SAT</b>	<b>8/3/19</b>	am pm	am pm			
<b>SUN</b>	<b>8/4/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **P**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 8/13/19**

*You will receive pay for this timesheet on*

**FRI, 8/16/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	7/29/19	7/30/19	7/31/19	8/1/19	8/2/19	8/3/19	8/4/19

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11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Pay Period

**P**

**7/29/19**

to

**8/11/19**

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<b>MON</b>	<b>8/5/19</b>	am pm	am pm			
<b>TUE</b>	<b>8/6/19</b>	am pm	am pm			
<b>WED</b>	<b>8/7/19</b>	am pm	am pm			
<b>THU</b>	<b>8/8/19</b>	am pm	am pm			
<b>FRI</b>	<b>8/9/19</b>	am pm	am pm			
<b>SAT</b>	<b>8/10/19</b>	am pm	am pm			
<b>SUN</b>	<b>8/11/19</b>	am pm	am pm			

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Pay Period **P**

**WEEK 2 of 2**

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**TUES, 8/13/19**

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**FRI, 8/16/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/5/19	8/6/19	8/7/19	8/8/19	8/9/19	8/10/19	8/11/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

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Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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11749

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Pay Period

**P**

**7/29/19**

to

**8/11/19**

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<b>MON</b>	<b>8/12/19</b>	am pm	am pm			
<b>TUE</b>	<b>8/13/19</b>	am pm	am pm			
<b>WED</b>	<b>8/14/19</b>	am pm	am pm			
<b>THU</b>	<b>8/15/19</b>	am pm	am pm			
<b>FRI</b>	<b>8/16/19</b>	am pm	am pm			
<b>SAT</b>	<b>8/17/19</b>	am pm	am pm			
<b>SUN</b>	<b>8/18/19</b>	am pm	am pm			

TOT HRS

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Pay Period **Q**

**WEEK 1 of 2**

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**TUES, 8/27/19**

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**FRI, 8/30/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/12/19	8/13/19	8/14/19	8/15/19	8/16/19	8/17/19	8/18/19

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11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Pay Period

**Q**

**8/12/19**

to

**8/25/19**

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<b>MON</b>	<b>8/19/19</b>	am pm	am pm			
<b>TUE</b>	<b>8/20/19</b>	am pm	am pm			
<b>WED</b>	<b>8/21/19</b>	am pm	am pm			
<b>THU</b>	<b>8/22/19</b>	am pm	am pm			
<b>FRI</b>	<b>8/23/19</b>	am pm	am pm			
<b>SAT</b>	<b>8/24/19</b>	am pm	am pm			
<b>SUN</b>	<b>8/25/19</b>	am pm	am pm			

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Pay Period **Q**

**WEEK 2 of 2**

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**FRI, 8/30/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/19/19	8/20/19	8/21/19	8/22/19	8/23/19	8/24/19	8/25/19

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Dressing Assistance							
Grooming Assistance							
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Toileting Assistance							
Transfer Assistance							
Other (describe)							

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Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

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Vacuum							
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Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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**Q**

**8/12/19**

to

**8/25/19**

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<b>MON</b>	<b>8/26/19</b>	am pm	am pm			
<b>TUE</b>	<b>8/27/19</b>	am pm	am pm			
<b>WED</b>	<b>8/28/19</b>	am pm	am pm			
<b>THU</b>	<b>8/29/19</b>	am pm	am pm			
<b>FRI</b>	<b>8/30/19</b>	am pm	am pm			
<b>SAT</b>	<b>8/31/19</b>	am pm	am pm			
<b>SUN</b>	<b>9/1/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **R**

**WEEK 1 of 2**

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**TUES, 9/10/19**

*You will receive pay for this timesheet on*

**FRI, 9/13/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	8/26/19	8/27/19	8/28/19	8/29/19	8/30/19	8/31/19	9/1/19

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**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

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Breakfast							
Lunch							
Dinner							
Snacks							

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Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
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Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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Pay Period

**R**

**8/26/19**

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Employee Signature:

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<b>MON</b>	<b>9/2/19</b>	am pm	am pm			
<b>TUE</b>	<b>9/3/19</b>	am pm	am pm			
<b>WED</b>	<b>9/4/19</b>	am pm	am pm			
<b>THU</b>	<b>9/5/19</b>	am pm	am pm			
<b>FRI</b>	<b>9/6/19</b>	am pm	am pm			
<b>SAT</b>	<b>9/7/19</b>	am pm	am pm			
<b>SUN</b>	<b>9/8/19</b>	am pm	am pm			

TOT HRS

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Pay Period **R**

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**FRI, 9/13/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/2/19	9/3/19	9/4/19	9/5/19	9/6/19	9/7/19	9/8/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Fax this form to:

**(631) 237-3820**

OR

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**R**

**8/26/19**

to

**9/8/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

\*Patient Name:

Employee Name:

\* **Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to [ellisonhomecare.com/timesheet](http://ellisonhomecare.com/timesheet) if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>9/9/19</b>	am pm	am pm			
<b>TUE</b>	<b>9/10/19</b>	am pm	am pm			
<b>WED</b>	<b>9/11/19</b>	am pm	am pm			
<b>THU</b>	<b>9/12/19</b>	am pm	am pm			
<b>FRI</b>	<b>9/13/19</b>	am pm	am pm			
<b>SAT</b>	<b>9/14/19</b>	am pm	am pm			
<b>SUN</b>	<b>9/15/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **S**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 9/24/19**

*You will receive pay for this timesheet on*

**FRI, 9/27/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/9/19	9/10/19	9/11/19	9/12/19	9/13/19	9/14/19	9/15/19

Fax this form to:

**(631) 237-3820**

OR

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

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Pay Period

**S**

**9/9/19**

to

**9/22/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>9/16/19</b>	am pm	am pm			
<b>TUE</b>	<b>9/17/19</b>	am pm	am pm			
<b>WED</b>	<b>9/18/19</b>	am pm	am pm			
<b>THU</b>	<b>9/19/19</b>	am pm	am pm			
<b>FRI</b>	<b>9/20/19</b>	am pm	am pm			
<b>SAT</b>	<b>9/21/19</b>	am pm	am pm			
<b>SUN</b>	<b>9/22/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **S**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 9/24/19**

*You will receive pay for this timesheet on*

**FRI, 9/27/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/16/19	9/17/19	9/18/19	9/19/19	9/20/19	9/21/19	9/22/19

Fax this form to:

**(631) 237-3820**

or

Mail / drop off to:

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Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
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Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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Pay Period

**S**

**9/9/19**

to

**9/22/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	9/23/19	am pm	am pm			
TUE	9/24/19	am pm	am pm			
WED	9/25/19	am pm	am pm			
THU	9/26/19	am pm	am pm			
FRI	9/27/19	am pm	am pm			
SAT	9/28/19	am pm	am pm			
SUN	9/29/19	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **T**

WEEK **1** of **2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 10/8/19**

*You will receive pay for this timesheet on*

**FRI, 10/11/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/23/19	9/24/19	9/25/19	9/26/19	9/27/19	9/28/19	9/29/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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Suite 44  
Islandia, NY  
11749

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ALWAYS make a copy for your records!

Pay Period

**T**

**9/23/19**

to

**10/6/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>9/30/19</b>	am pm	am pm			
<b>TUE</b>	<b>10/1/19</b>	am pm	am pm			
<b>WED</b>	<b>10/2/19</b>	am pm	am pm			
<b>THU</b>	<b>10/3/19</b>	am pm	am pm			
<b>FRI</b>	<b>10/4/19</b>	am pm	am pm			
<b>SAT</b>	<b>10/5/19</b>	am pm	am pm			
<b>SUN</b>	<b>10/6/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **T**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 10/8/19**

*You will receive pay for this timesheet on*

**FRI, 10/11/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	9/30/19	10/1/19	10/2/19	10/3/19	10/4/19	10/5/19	10/6/19

Fax this form to:

**(631) 237-3820**

OR

Mail / drop off to:

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Suite 44  
Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**T**

**9/23/19**

to

**10/6/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>10/7/19</b>	am pm	am pm			
<b>TUE</b>	<b>10/8/19</b>	am pm	am pm			
<b>WED</b>	<b>10/9/19</b>	am pm	am pm			
<b>THU</b>	<b>10/10/19</b>	am pm	am pm			
<b>FRI</b>	<b>10/11/19</b>	am pm	am pm			
<b>SAT</b>	<b>10/12/19</b>	am pm	am pm			
<b>SUN</b>	<b>10/13/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **U**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 10/22/19**

*You will receive pay for this timesheet on*

**FRI, 10/25/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	10/7/19	10/8/19	10/9/19	10/10/19	10/11/19	10/12/19	10/13/19

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Mail / drop off to:

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Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Pay Period

**U**

**10/7/19**

to

**10/20/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>10/14/19</b>	am pm	am pm			
<b>TUE</b>	<b>10/15/19</b>	am pm	am pm			
<b>WED</b>	<b>10/16/19</b>	am pm	am pm			
<b>THU</b>	<b>10/17/19</b>	am pm	am pm			
<b>FRI</b>	<b>10/18/19</b>	am pm	am pm			
<b>SAT</b>	<b>10/19/19</b>	am pm	am pm			
<b>SUN</b>	<b>10/20/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **U**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 10/22/19**

*You will receive pay for this timesheet on*

**FRI, 10/25/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	10/14/19	10/15/19	10/16/19	10/17/19	10/18/19	10/19/19	10/20/19

Fax this form to:

**(631) 237-3820**

OR

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Pay Period

**U**

**10/7/19**

to

**10/20/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.



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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>10/21/19</b>	am pm	am pm			
<b>TUE</b>	<b>10/22/19</b>	am pm	am pm			
<b>WED</b>	<b>10/23/19</b>	am pm	am pm			
<b>THU</b>	<b>10/24/19</b>	am pm	am pm			
<b>FRI</b>	<b>10/25/19</b>	am pm	am pm			
<b>SAT</b>	<b>10/26/19</b>	am pm	am pm			
<b>SUN</b>	<b>10/27/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **V**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 11/5/19**

*You will receive pay for this timesheet on*

**FRI, 11/8/19**

Days of Service	MON 10/21/19	TUE 10/22/19	WED 10/23/19	THU 10/24/19	FRI 10/25/19	SAT 10/26/19	SUN 10/27/19
-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------	-----------------

Fax this form to:

**(631) 237-3820**

OR

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**V**

**10/21/19**  
to  
**11/3/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>10/28/19</b>	am pm	am pm			
<b>TUE</b>	<b>10/29/19</b>	am pm	am pm			
<b>WED</b>	<b>10/30/19</b>	am pm	am pm			
<b>THU</b>	<b>10/31/19</b>	am pm	am pm			
<b>FRI</b>	<b>11/1/19</b>	am pm	am pm			
<b>SAT</b>	<b>11/2/19</b>	am pm	am pm			
<b>SUN</b>	<b>11/3/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **V**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 11/5/19**

*You will receive pay for this timesheet on*

**FRI, 11/8/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	10/28/19	10/29/19	10/30/19	10/31/19	11/1/19	11/2/19	11/3/19

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Dressing Assistance							
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Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

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Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Pay Period

**V**

**10/21/19**

to

**11/3/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>11/4/19</b>	am pm	am pm			
<b>TUE</b>	<b>11/5/19</b>	am pm	am pm			
<b>WED</b>	<b>11/6/19</b>	am pm	am pm			
<b>THU</b>	<b>11/7/19</b>	am pm	am pm			
<b>FRI</b>	<b>11/8/19</b>	am pm	am pm			
<b>SAT</b>	<b>11/9/19</b>	am pm	am pm			
<b>SUN</b>	<b>11/10/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **W**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 11/19/19**

*You will receive pay for this timesheet on*

**FRI, 11/22/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/4/19	11/5/19	11/6/19	11/7/19	11/8/19	11/9/19	11/10/19

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Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
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Other (describe)							

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Breakfast							
Lunch							
Dinner							
Snacks							

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Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
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Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**W**

**11/4/19**

to

**11/17/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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<b>MON</b>	<b>11/11/19</b>	am pm	am pm			
<b>TUE</b>	<b>11/12/19</b>	am pm	am pm			
<b>WED</b>	<b>11/13/19</b>	am pm	am pm			
<b>THU</b>	<b>11/14/19</b>	am pm	am pm			
<b>FRI</b>	<b>11/15/19</b>	am pm	am pm			
<b>SAT</b>	<b>11/16/19</b>	am pm	am pm			
<b>SUN</b>	<b>11/17/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **W**

WEEK **2** of **2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 11/19/19**

*You will receive pay for this timesheet on*

**FRI, 11/22/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/11/19	11/12/19	11/13/19	11/14/19	11/15/19	11/16/19	11/17/19

Fax this form to:

**(631) 237-3820**

or

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**W**

**11/4/19**

to

**11/17/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

\*Patient Name:

Employee Name:

\* **Print ENTIRE Patient Name!** Only one (1) patient per timesheet - call (631) 576-4060 or go to [ellisonhomecare.com/timesheet](http://ellisonhomecare.com/timesheet) if you need to print additional timesheets.

Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>11/18/19</b>	am pm	am pm			
<b>TUE</b>	<b>11/19/19</b>	am pm	am pm			
<b>WED</b>	<b>11/20/19</b>	am pm	am pm			
<b>THU</b>	<b>11/21/19</b>	am pm	am pm			
<b>FRI</b>	<b>11/22/19</b>	am pm	am pm			
<b>SAT</b>	<b>11/23/19</b>	am pm	am pm			
<b>SUN</b>	<b>11/24/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **X**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 12/3/19**

*You will receive pay for this timesheet on*

**FRI, 12/6/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/18/19	11/19/19	11/20/19	11/21/19	11/22/19	11/23/19	11/24/19

Fax this form to:

**(631) 237-3820**

OR

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**X**

**11/18/19**  
to  
**12/1/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
MON	11/25/19	am pm	am pm			
TUE	11/26/19	am pm	am pm			
WED	11/27/19	am pm	am pm			
THU	11/28/19	am pm	am pm			
FRI	11/29/19	am pm	am pm			
SAT	11/30/19	am pm	am pm			
SUN	12/1/19	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **X**

WEEK **2** of **2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 12/3/19**

*You will receive pay for this timesheet on*

**FRI, 12/6/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	11/25/19	11/26/19	11/27/19	11/28/19	11/29/19	11/30/19	12/1/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

Fax this form to:

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1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**X**

**11/18/19**

to

**12/1/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>12/2/19</b>	am pm	am pm			
<b>TUE</b>	<b>12/3/19</b>	am pm	am pm			
<b>WED</b>	<b>12/4/19</b>	am pm	am pm			
<b>THU</b>	<b>12/5/19</b>	am pm	am pm			
<b>FRI</b>	<b>12/6/19</b>	am pm	am pm			
<b>SAT</b>	<b>12/7/19</b>	am pm	am pm			
<b>SUN</b>	<b>12/8/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **Y**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 12/17/19**

*You will receive pay for this timesheet on*

**FRI, 12/20/19**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	12/2/19	12/3/19	12/4/19	12/5/19	12/6/19	12/7/19	12/8/19

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

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11749

**Reminder !**

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Pay Period

**Y**

**12/2/19**

to

**12/15/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>12/9/19</b>	am pm	am pm			
<b>TUE</b>	<b>12/10/19</b>	am pm	am pm			
<b>WED</b>	<b>12/11/19</b>	am pm	am pm			
<b>THU</b>	<b>12/12/19</b>	am pm	am pm			
<b>FRI</b>	<b>12/13/19</b>	am pm	am pm			
<b>SAT</b>	<b>12/14/19</b>	am pm	am pm			
<b>SUN</b>	<b>12/15/19</b>	am pm	am pm			

Pay Period **Y**

**WEEK 2 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 12/17/19**

*You will receive pay for this timesheet on*

**FRI, 12/20/19**

TOT HRS

<--- Write your total hours here

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	12/9/19	12/10/19	12/11/19	12/12/19	12/13/19	12/14/19	12/15/19

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Islandia, NY  
11749

**Attendant Care Services**

Bathing Assistance							
Dressing Assistance							
Grooming Assistance							
Medication Assistance							
Toileting Assistance							
Transfer Assistance							
Other (describe)							

**Meals**

Breakfast							
Lunch							
Dinner							
Snacks							

**Light Housekeeping Services (for patient/patient areas ONLY)**

Change Bed Linen							
Clean Bathroom							
Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**Y**

**12/2/19**

to

**12/15/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.



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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>12/16/19</b>	am pm	am pm			
<b>TUE</b>	<b>12/17/19</b>	am pm	am pm			
<b>WED</b>	<b>12/18/19</b>	am pm	am pm			
<b>THU</b>	<b>12/19/19</b>	am pm	am pm			
<b>FRI</b>	<b>12/20/19</b>	am pm	am pm			
<b>SAT</b>	<b>12/21/19</b>	am pm	am pm			
<b>SUN</b>	<b>12/22/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **Z**

**WEEK 1 of 2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 12/31/19**

*You will receive pay for this timesheet on*

**FRI, 1/3/20**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	12/16/19	12/17/19	12/18/19	12/19/19	12/20/19	12/21/19	12/22/19

Fax this form to:

**(631) 237-3820**

or

Mail / drop off to:

1747 Vets Mem Hwy  
Suite 44  
Islandia, NY  
11749

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Medication Assistance							
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Transfer Assistance							
Other (describe)							

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Lunch							
Dinner							
Snacks							

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Clean Kitchen							
Dust							
Laundry							
Mop							
Vacuum							
Other (describe)							

**Companion Services**

Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

ALWAYS make a copy for your records!

Pay Period

**Z**

**12/16/19**  
to  
**12/29/19**

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Employee Signature:

	DATE	TIME IN (circle am or pm)	TIME OUT (circle am or pm)	# HRS	Employee Initials	Patient/Patient Representative Signature
<b>MON</b>	<b>12/23/19</b>	am pm	am pm			
<b>TUE</b>	<b>12/24/19</b>	am pm	am pm			
<b>WED</b>	<b>12/25/19</b>	am pm	am pm			
<b>THU</b>	<b>12/26/19</b>	am pm	am pm			
<b>FRI</b>	<b>12/27/19</b>	am pm	am pm			
<b>SAT</b>	<b>12/28/19</b>	am pm	am pm			
<b>SUN</b>	<b>12/29/19</b>	am pm	am pm			

TOT HRS

<--- Write your total hours here

Pay Period **Z**

WEEK **2** of **2**

*This timesheet **must** be received by Ellison Home Care no later than **5pm** on*

**TUES, 12/31/19**

*You will receive pay for this timesheet on*

**FRI, 1/3/20**

Days of Service	MON	TUE	WED	THU	FRI	SAT	SUN
	12/23/19	12/24/19	12/25/19	12/26/19	12/27/19	12/28/19	12/29/19

Fax this form to:

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Dust							
Laundry							
Mop							
Vacuum							
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Recreational Activities							
Shopping							
Other (describe)							

**Transportation**

Appointments							
Errands							
Other (describe)							

**Reminder !**

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Pay Period

**Z**

**12/16/19**

to

**12/29/19**

PATIENT / PATIENT FAMILY: Please be reminded that all services above are for PATIENT ONLY. Aide will not perform or be responsible for performing services for patient's family members. Aide will NOT clean laundry, linen, dishes, etc for family members.