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|---------|------------------------------|----------------------|----------------------|-------------|--------------|--------------|-------------|--------|---------|----------------------------|
| *Dati | ent Name: | | | | | Employ/ | ee Name: | | | |
| rau | ent Name. | | Patient Name! 0 | nly one (1) | | Lilipioye | e Name. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
| | | print additional tim | ı | I | 1 | In .: ./n | · · · · | | | |
| | DATE | TIME IN | TIME OUT | # HRS | Employee | | | _ | Pav | / Period |
| | | (circle am or pm) | | | Initials | Represer | ntative Sig | nature | | |
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| | | - am | am | | | | | | | mesheet must be |
| TUE | 7/2/19 | pm | pm | | | | | | | ed by Ellison Home |
| WED | 7/3/19 | am | am | | | | | | | later than 5pm on |
| | | pili | pm | | | | | | care no | iater than Spiri on |
| THU | 7/4/19 | am pm | am pm | | | | | | TUI | S, 7/16/19 |
| FRI | 7/5/19 | - m | am | | | | | | | a dir salter |
| LKI | 7/5/19 | pm | pm | | | | | | V | |
| SAT | 7/6/19 | am | am | | | | | | | receive pay for this |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: |
| | | | 7/1/19 | 7/2/19 | 7/3/19 | 7/4/19 | 7/5/19 | 7/6/19 | 7/7/19 | (631) 237-3820 |
| | C C | | | | | | | | | or` |
| Attten | dant Care S Bathing Assis | | | I | 1 | 1 | 1 | | | 01 |
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| | Toileting Ass | istance | | | | | | | | Suite 44 |
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| rati | crit Marrie. | | Patient Name! O | nly one (1) | | Litiploye | c Name. | | | |
| | | | eet - call (631) 576 | | _ | | | | | |
| | | print additional tim | e.com/timesheet if nesheets. | you need to | Er | nployee S | ignature: | | | |
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| SAT | 7/13/19 | am pm | am pm | | | | | | | receive pay for this timesheet on |
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| | | | 7/8/19 | 7/9/19 | 7/10/19 | 7/11/19 | 7/12/19 | 7/13/19 | 7/14/19 | (631) 237-3820 |
| Attten | dant Care S | | | | | | | | | or` |
| | Bathing Assis | | | | | | | | | |
| | Dressing Ass Grooming As | | | | | | | | | Mail / drop off to: |
| | Medication A | | | | | | | | | 1747 Vets Mem Hwy |
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| | Other (descri | ibe) | | | | | | | | 11749 |
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| | Snacks | | | | | | | | | copy for your |
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| | Change Bed | Linen | | | _ | | | | |] |
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| *Pati | ent Name: | | | | | Employe | ee Name: | | | |
| | | * Print ENTIRE I | Patient Name! Oneet - call (631) 576 e.com/timesheet if nesheets. | 5-4060 or go | Er | nployee S | | | | |
| | DATE | TIME IN (circle am or pm) | TIME OUT (circle am or pm) | # HRS | Employee Initials | Patient/P Represer | atient Itative Sig | nature | Pay | Period O |
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| SAT | 7/20/19 | am pm | am pm | | | | | | | receive pay for this timesheet on |
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| | | | TOT HRS | | < Write | your total ho | ours here | | | |
| Davs o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| | | | 7/15/19 | 7/16/19 | 7/17/19 | 7/18/19 | 7/19/19 | 7/20/19 | 7/21/19 | (631) 237-3820 |
| Attton | dant Care S | orvisos | | | | , , , , | , ., | | , , - | or` |
| | Bathing Assis | | | | I | | | | | Oi |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Other (descr | | | | | | | | | 11749 |
| Meals | (2000) | | | | | | | | | |
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| | Lunch | | | | | | | | | |
| | Dinner | | | | | | | | | ALWAYS make a |
| | Snacks | | | | <u> </u> | | | | | copy for your |
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| | Change Bed Clean Bathro | | | | | | | | | |
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| *Dati | ent Name: | | | | | Employ | ee Name: | | | |
| rau | ent Name. | * Print ENTIRE I | Patient Name! 0 | nly one (1) | | Liliploye | e ivaille. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
| | | print additional tin | I | 1 | 1 | · · | | | | |
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| MON | 7/22/19 | am | am | | | | | | WFF | 2 of 2 |
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| TUE | 7/23/19 | pm | pm | | | | | | | ed by Ellison Home |
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| <u> </u> | 7,=1,=5 | рпі | pm | | | | | | Care no | iatei tiiani Spiri on |
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| SAT | 7/27/19 | am | am | | | | | | | receive pay for this |
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| SUN | 7/28/19 | pm | | | | | | | FF | RI, 8/2/19 |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: |
| | | | 7/22/19 | 7/23/19 | 7/24/19 | 7/25/19 | 7/26/19 | 7/27/19 | 7/28/19 | (631) 237-3820 |
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| | dant Care S Bathing Assis | | | | 1 | | | | | OI |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Transfer Assi | | | | | | | | | Islandia, NY |
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| | Snacks | | | | | | | | | copy for your |
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| , | Change Bed | | | | | | | | | |
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| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
| rau | ent maine. | | Patient Name! 0 | nly one (1) | | Lilipioye | e Name. | | | |
| | | patient per timesh | eet - call (631) 576 | 5-4060 or go | | | | | | |
| | | | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
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| | DATE | TIME IN | TIME OUT | # HRS | Employee | | | | Pav | Period P |
| | D/112 | (circle am or pm) | (circle am or pm) | <i>"</i> 111.0 | Initials | Represer | ntative Sig | ınature | | |
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| SUN | 8/4/19 | am pm | | | | | | | FR | I, 8/16/19 |
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| Days 0 | J. Sci Vicc | | 7/29/19 | 7/30/19 | 7/31/19 | 8/1/19 | 8/2/19 | 8/3/19 | 8/4/19 | (631) 237-3820 |
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| | dant Care S | | | • | | • | | | | or` |
| | Bathing Assis | | | | | | | | | |
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| | Toileting Ass | | | | | | | | | Suite 44 |
| | Transfer Assi | | | | | | | | | Islandia, NY |
| | Other (descri | ibe) | | | | | | | | 11749 |
| Meals | | | | | | | | | | |
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| | Lunch | | | | | | | | | |
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| | Snacks | | <u> </u> | | | | | | | copy for your |
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| *Dati | *Patient Name: * Print ENTIRE Patient Name! Only one (1) | | | | | | ee Name: | | | |
|--------|---|--|------------------------------|--------------|----------|---------------|-------------|------------|---------|--------------------------|
| rau | che manic. | | Patient Name! 0 | nly one (1) | | Lilipioyo | c Name. | | | |
| | | patient per timesh | eet - call (631) 576 | 5-4060 or go | | | | | | |
| | | to ellisonhomecare print additional tim | e.com/timesheet if nesheets. | you need to | Er | nployee S | ignature: | | | |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: |
| | | | 8/5/19 | 8/6/19 | 8/7/19 | 8/8/19 | 8/9/19 | 8/10/19 | 8/11/19 | (631) 237-3820 |
| Attten | dant Care S | | | | | | | | | or` |
| | Bathing Assis | | | | | | | | | M. 1. / J |
| | Dressing Ass Grooming As | | | | | | | | | Mail / drop off to: |
| | Medication A | | | | | | | | | 1747 Vets Mem Hwy |
| | Toileting Ass | | | | | | | | | Suite 44 |
| | Transfer Assi | | | | | | | | | Islandia, NY |
| | Other (descri | ibe) | | | | | | | | 11749 |
| Meals | Dural fact | | . | 1 | | | 1 | | | Dania dan I |
| | Breakfast Lunch | | | | | | | | | Reminder! |
| | Dinner | | | | | | | | | ALWAYS make a |
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| | | ng Services (fo | r patient/patie | nt areas Of | NLY) | | | | | records! |
| | Change Bed | | | | | | | | | |
| | Clean Bathro Clean Kitcher | | | | | | | | | |
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| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
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| rau | ent maine. | | Patient Name! 0 | nly one (1) | | Lilipioye | e Mairie. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
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| | DATE | TIME IN | TIME OUT | # HRS | Employee | Patient/P | | | Pav | Period |
| | | (circle am or pm) | | | Initials | Represer | itative Sig | nature | | Y |
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| | | pili | | | | | | | care no | ideer triair Spiii eri |
| THU | 8/15/19 | pm | | | | | | | TUE | S, 8/27/19 |
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| INI | 0/10/19 | piii | | | | | | | Varreill | l wasain na man na thia |
| SAT | 8/17/19 | am | | | | | | | | receive pay for this |
| | | | pm pm am am | | timesheet on | | | | | |
| SUN | 8/18/19 | pm | | | | | | | FR | I, 8/30/19 |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: |
| | | | 8/12/19 | 8/13/19 | 8/14/19 | 8/15/19 | 8/16/19 | 8/17/19 | 8/18/19 | (631) 237-3820 |
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| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Medication A | ssistance | | | | | | | | 1747 Vets Mem Hwy |
| | Toileting Ass | | | | | | | | | Suite 44 |
| | Transfer Assi | | | | | | | | | Islandia, NY |
| | Other (descri | ibe) | | | | | | | | 11749 |
| Meals | Breakfast | | ı | ı | | 1 | 1 | 1 | | Reminder! |
| | Lunch | | | | | | | | | Kellilluel ! |
| | Dinner | | | | | | | | | ALWAYS make a |
| | Snacks | | | | | | | | | copy for your |
| Light I | lousekeepir | ng Services (fo | r patient/patie | nt areas Of | NLY) | | | | | records! |
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| *Dati | ent Name: | | | Employ | ee Name: | | | | | |
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| rau | ent maine. | | Patient Name! 0 | nly one (1) | | Lilipioye | e Mairie. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | to ellisonhomecare print additional tim | e.com/timesheet if nesheets. | you need to | Er | nployee S | ignature: | | | |
| | | TIME IN | TIME OUT | | Employee | Patient/P | atient | | | |
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| 11/1 | 0/25/15 | piii | pm | | | | | | Vou will | receive pay for this |
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| Days 0 | o Service | | 8/19/19 | 8/20/19 | 8/21/19 | 8/22/19 | 8/23/19 | 8/24/19 | 8/25/19 | (631) 237-3820 |
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| | Clean Kitcher | | | | | | | | | |
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| *Dati | ent Name: | | | Employe | ee Name: | | | | | |
| rau | crit ivanic. | | Patient Name! O | nly one (1) | | Litiploye | c Name. | | | |
| | | patient per timesh | eet - call (631) 576 | 5-4060 or go | | | | | | |
| | | to ellisonhomecare print additional tim | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
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| | 0/25/15 | piii | · · | | | | | | IUE | S, 9/10/19 |
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| CAT | 0/21/10 | am. | · · | | | | | | You will | receive pay for this |
| SAT | 8/31/19 | pm | pm | | | | | | t | imesheet on |
| SUN | 9/1/19 | am | | | | | | | FR | I, 9/13/19 |
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| | | | TOT HRS | | < Write | your total ho | ours here | | | |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| Days c | or Scrvice | | 8/26/19 | 8/27/19 | 8/28/19 | 8/29/19 | 8/30/19 | 8/31/19 | 9/1/19 | (631) 237-3820 |
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| | Change Bed | | | | | | | | | |
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| | Appointment | S | | | | | | | | 8/26/19 |
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| *Pati | ent Name: | | | | | Employ/ | ee Name: | | | |
| iau | CHE NUMBE. | * Print ENTIRE I | Patient Name! 0 | | | Lilibioye | .c mailic. | | | |
| | | to ellisonhomecare | eet - call (631) 576 e.com/timesheet if | | Er | nployee S | ignature: | | | |
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| SAT | 9/7/19 | 9/7/19 pm pm | | | | | rimesheet on | | | |
| SUN | 9/8/19 | am pm | | | | | | | FR | I, 9/13/19 |
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| Davs o | of Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| | | | 9/2/19 | 9/3/19 | 9/4/19 | 9/5/19 | 9/6/19 | 9/7/19 | 9/8/19 | (631) 237-3820 |
| Attten | dant Care S | ervices | | • | | • | • | | | or` |
| | Bathing Assis | | | | | | | | | 01 |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| Meals | | | | | | | | | | |
| | Breakfast | | | | | | | | | Reminder! |
| | Lunch Dinner | | | | | | | | | ALWAYS make a |
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| | Change Bed | | | | ĺ | | | | | |
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| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
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| rau | ent maine. | | Patient Name! 0 | nly one (1) | | Lilipioye | e Name. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
| | 1 | print additional tim | nesheets. | ı | | | | | | |
| | DATE | TIME IN | TIME OUT | # HRS | Employee | Patient/P | | | Pav | Period S |
| | DAIL | (circle am or pm) | (circle am or pm) | # 1113 | Initials | Represer | tative Sig | ınature | ı u, | Teriou 5 |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| , | | | 9/9/19 | 9/10/19 | 9/11/19 | 9/12/19 | 9/13/19 | 9/14/19 | 9/15/19 | (631) 237-3820 |
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| Meals | • | , | • | | | | | | | 1 |
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| | Change Bed | | | | | | | | | |
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| *Patient Name: * Print ENTIRE Patient Name! Only one (1) | | | | | | | NI | | | |
| *Pati | ent Name: | | Dationt Namel O | nly one (1) | | Employe | ee Name: | | | |
| | | | eet - call (631) 576 | , , , | | | | | | |
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| Attten | dant Care S Bathing Assis | | ı | | 1 | | | | | 01 |
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| Meals | | | | | | | | | | |
| | Breakfast | | | | | | | | | Reminder! |
| | Lunch | | | | | | | | | ALWAYS make a |
| | Dinner Snacks | | | | | | | | | copy for your |
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| Light F | Change Bed | | r patient/patie | int areas or | I I | | | | | records! |
| | Clean Bathro | | | | | | | | | † |
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| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
| rau | CITC INGITIC. | | Patient Name! 0 | nlv one (1) | | Lilipioyo | c Name. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | to ellisonhomecare print additional tim | e.com/timesheet if nesheets. | you need to | Er | nployee S | ignature: | | | |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| Days 0 | JEI VICE | | _ | | | | 9/27/19 | 9/28/19 | 9/29/19 | (631) 237-3820 |
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| Meals | Breakfast | | 1 | 1 | <u> </u> | 1 | 1 | 1 | | Reminder! |
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| | | to ellisonhomecare print additional tim | e.com/timesheet if nesheets. | you need to | Er | nployee S | ignature: | | | |
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| | | | Patient Name! O | , , , | | | | | | |
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| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Change Bed | | | | | ļ | | | | |
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| rau | crit Marrie. | | Patient Name! 0 | nly one (1) | | Lilipioyo | c ivallic. | | | |
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| | | to ellisonhomecare print additional tim | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
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| | 20, 27, 25 | piii | pm | | | | | | IUE | 5, 10/22/19 |
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| rau | crit ivanic. | | Patient Name! O | nly one (1) | | Litiploy | c Name. | | | |
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| | DATE | TIME IN | TIME OUT | # HRS | Employee | Patient/P | | 4 | Pay | Period V |
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| | | to ellisonhomecare | eet - call (631) 576 e.com/timesheet if | _ | Er | nployee S | ignature: | | | |
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| | DATE | TIME IN | TIME OUT (circle am or pm) | # HRS | Employee Initials | | atient Itative Sig | naturo | Pay | Period W |
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| A444 | dant Cana C | | , ,, | | | | | | | or |
| Attten | dant Care S Bathing Assis | | | | | | | | | 01 |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Medication A | | | | | | | | | 1747 Vets Mem Hwy |
| | Toileting Ass Transfer Assi | | | | | | | | | Suite 44 Islandia, NY |
| | Other (descr | | | | | | | | | 11749 |
| Meals | , | | • | | | | | | | |
| | Breakfast | | | | | | | | | Reminder! |
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| | Dinner Snacks | | | | | | | | | copy for your |
| Light I | | ng Services (fo | r patient/patie | nt areas ON | NLY) | | | | | records! |
| | Change Bed | | | | ĺ | | | | | |
| | Clean Bathro | | | | | | | | | |
| | Clean Kitcher Dust | 1 | | | | | | | | |
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| | Appointment | S | | | | | | | | 11/4/19 |
| | Errands Other (descr | ibe) | | | - | | | | | to 11/17/19 |
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| *Dati | ont Namo | | | | | Employe | a Namai | | | |
|--------------|-------------------------------|------------------|----------------------------|-------------|---------------------------------------|---------------|-------------|----------|----------|--------------------------|
| "Paul | ent Name: | * Drint ENTIDE I | Patient Name! O | nly one (1) | | Employe | ee Name: | | | |
| | | | eet - call (631) 576 | , , , | | | | | | |
| | | | e.com/timesheet if | _ | Er | nployee S | ignature: | | | |
| | | i | | | Employee | Patient/P | atient | | | |
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| <u> </u> | | pili | · · | | | | | | receive | ed by Ellison Home |
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| | | piii | | | | | | | IUE | S, 11/19/19 |
| FRI | 11/15/19 | am pm | | | | | | | 16.1 | |
| SAT | 11/16/19 | | · · | | | | | | You will | receive pay for this |
| SAI | 11/10/19 | pm | pm | | | | | | t | timesheet on |
| SUN | 11/17/19 | am pm | | | | | | | FRI | 1, 11/22/19 |
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| | | | 11/11/19 | 11/12/19 | 11/13/19 | 11/14/19 | 11/15/19 | 11/16/19 | 11/17/19 | (631) 237-3820 |
| A 4 4 4 a 11 | dant Cana C | | | | | | | | | or` |
| Attten | dant Care S Bathing Assis | | 1 | | Ι | | 1 | | | 01 |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
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| rau | ent maine. | * Print ENTIRE I | Patient Name! 0 | nlv one (1) | | Lilipioye | e Mairie. | | | |
| | | | eet - call (631) 576 | | | | | | | |
| | | | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
| | | print additional tim | nesheets. | | | | | | | |
| | DATE | TIME IN | TIME OUT | # HRS | Employee | Patient/P | atient | | Day | Period X |
| | DATE | (circle am or pm) | | # nk5 | Initials | Represer | ntative Sic | ınature | Pay | / Periou |
| MON | 44/40/40 | am | am | | | | | | \^/⊏⊏! | / 1 . 2 |
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| | | pm am | pm am | | | | | | - 1 | |
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| EDI | 11/22/10 | am | am | | | | | | | a di selle |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: |
| | | | 11/18/19 | 11/19/19 | 11/20/19 | 11/21/19 | 11/22/19 | 11/23/19 | 11/24/19 | (631) 237-3820 |
| Attten | dant Care S | ervices | | | | | | | |] or` |
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| | Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Medication A | | | | | | | | | 1747 Vets Mem Hwy |
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| | Other (descri | ibe) | | | | | | | | 11749 |
| Meals | | | | | | | | | | |
| | Breakfast | | | | | | | | | Reminder! |
| | Lunch | | | | | | | | | |
| | Dinner | | | | | | | | | ALWAYS make a |
| | Snacks | | | | | | | | | copy for your |
| Light H | | ng Services (fo | r patient/patie | nt areas Of | NLY) | | | | | records! |
| | Change Bed | | | | | | | | | |
| | Clean Bathro | | | | | | | | | |
| | Clean Kitcher | າ | | | | | | | | 4 |
| | Dust | | | | | | | | | |
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| | Recreational Shopping | ACTIVITIES | | | | | | | | Pay Period |
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| Transp | ortation | | 1 | I | 1 | 1 | 1 | | | 11/10/10 |
| | Appointment | S | | | | <u> </u> | | | | 11/18/19 |
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| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
|---------|-----------------------------|---------------------------|---|----------------|----------------------|-----------------------|-----------|----------|----------|--|
| rau | ent maine. | | Patient Name! O | nly one (1) | | Litiploye | e Name. | | | |
| | | | eet - call (631) 576 e.com/timesheet if nesheets. | | Er | nployee S | ignature: | | | |
| | DATE | TIME IN (circle am or pm) | TIME OUT (circle am or pm) | # HRS | Employee Initials | Patient/P Represer | | ınature | Pay | / Period X |
| MON | 11/25/19 | am pm | am pm | | | | | | WFF | 2 of 2 |
| TUE | 11/26/19 | am | am | | | | | | | mesheet must be |
| WED | 11/27/19 | am | pm am | | | | | | | ed by Ellison Home later than 5pm on |
| THU | 11/28/19 | pili | pm am | | | | | | | |
| | | pili | pm am | | | | | | 101 | ES, 12/3/19 |
| FRI | 11/29/19 | pili | pm am | | | | | | You will | receive pay for this |
| SAT | 11/30/19 | pm | pm | | | | | | | timesheet on |
| SUN | 12/1/19 | am pm | am pm | | | | | | FR | I, 12/6/19 |
| | | | TOT HRS | | < Write | your total ho | ours here | | | |
| Davs o | of Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| | | | 11/25/19 | 11/26/19 | 11/27/19 | 11/28/19 | 11/29/19 | 11/30/19 | 12/1/19 | (631) 237-3820 |
| Attten | dant Care S | ervices | | | - | | | | | or` |
| | Bathing Assis | stance | | | | | | | | |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
| | Grooming As Medication A | | | | | | | | | 1747 Vets Mem Hwy |
| | Toileting Ass | | | | | | | | | Suite 44 |
| | Transfer Assi | | | | | | | | | Islandia, NY |
| | Other (descri | ibe) | | | | | | | | 11749 |
| Meals | | | | | | | | | | |
| | Breakfast | | | | | | | | | Reminder! |
| | Lunch Dinner | | | | | | | | | ALWAYS make a |
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| Ligite | Change Bed | | | lite di cas oi | <u> </u> | | | | | records. |
| | Clean Bathro | | | | | | | | | 1 |
| | Clean Kitcher | า | | | | | | | | |
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| *Patio | ent Name: | | | | | Emplove | ee Name: | | | |
| | | * Print ENTIRE I | Patient Name! O | | | | | | | |
| | | | eet - call (631) 576 e.com/timesheet if nesheets. | _ | Er | nployee S | ignature: | | | |
| | | TIME IN | TIME OUT | ,,,,,,, | Employee | Patient/P | atient | | | - · · V |
| | DATE | | (circle am or pm) | # HRS | Initials | | tative Sig | nature | Pay | Period Y |
| MON | 12/2/19 | am | am | | | | | | WEEK | 1 of 2 |
| \vdash | | pili | pm am | | | | | | - | mesheet must be |
| TUE | 12/3/19 | pm | pm | | | | | | | ed by Ellison Home |
| WED | 12/4/19 | am pm | am pm | | | | | | | later than 5pm on |
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| SAT | 12/7/19 | am | am | | | | | | | receive pay for this |
| GUN | | pili | pm am | | | | | | | imesheet on |
| SUN | 12/8/19 | pm | pm | | | | | | FRI | , 12/20/19 |
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| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| Days o | | | 12/2/19 | 12/3/19 | 12/4/19 | 12/5/19 | 12/6/19 | 12/7/19 | 12/8/19 | (631) 237-3820 |
| A444.cm | dant Cana C | | ,_, | | | | | | | or` |
| | dant Care S Bathing Assis | | | | <u> </u> | | | | | 01 |
| | Dressing Ass | | | | | | | | | Mail / drop off to: |
| | Grooming As | | | | | | | | | |
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| | Toileting Ass | | | | | | | | | Suite 44 |
| | Transfer Assi Other (descr | | | | | | | | | Islandia, NY 11749 |
| Meals | Other (descr | ibe) | <u> </u> | ļ | ļ | | | | | 11749 |
| | Breakfast | | | | | | | | | Reminder! |
| | Lunch | | | | | | | | | |
| | Dinner | | | | | | | | | ALWAYS make a |
| | Snacks | | | | | | | | | copy for your |
| | | ng Services (fo | r patient/patie | nt areas Of | ILY) | | | | | records! |
| | Change Bed | | | | | | | | | |
| | Clean Bathro Clean Kitcher | | | | | | | | | |
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| | Appointment | S | | | | | | | | 12/2/19 |
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|---------------|-------------------------------|--|----------------------------|--------------|----------------------|---------------|-------------|----------|-----------|--------------------------|
| *Dati | ent Name: | | | | | Employe | ee Name: | | | |
| rau | crit ivanic. | | Patient Name! 0 | nly one (1) | | Lilipioyo | c Name. | | | |
| | | patient per timesh | eet - call (631) 576 | 5-4060 or go | | | | | | |
| | | to ellisonhomecare print additional tim | e.com/timesheet if | you need to | Er | nployee S | ignature: | | | |
| | | · I | I | | Francisco | Patient/P | ationt | | | |
| | DATE | TIME IN (circle am or pm) | TIME OUT (circle am or pm) | # HRS | Employee Initials | Represer | | naturo | Pay | Period Y |
| | | am. | am | | Tillidais | Represer | itative sig | Hature | | |
| MON | 12/9/19 | pm | pm | | | | | | WEEk | 2 of 2 |
| TUE | 12/10/19 | am | am | | | | | | This tir | mesheet must be |
| _ | 12/10/13 | piii | pm | | | | | | receive | ed by Ellison Home |
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| THU | 12/12/19 | am | am | | | | | | T. 15 | . 40/47/40 |
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| CAT | 12/14/10 | am. | am | | | | | | You will | receive pay for this |
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| SUN | 12/15/19 | am | am | | | | | | FRT | , 12/20/19 |
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| | | | | | | | | | | |
| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | Fax this form to: |
| Days | J. Sci Vicc | | 12/9/19 | 12/10/19 | | | | 12/14/19 | | (631) 237-3820 |
| | | | 12/3/13 | 12/10/19 | 12/11/19 | 12/12/13 | 12/13/13 | 12/17/19 | 12/13/19 | ``\.` |
| Attten | dant Care S | | | 1 | | 1 | - | | | or |
| | Bathing Assis Dressing Ass | | | | | | | | | Mail / drop off to: |
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| | Toileting Ass | istance | | | | | | | | Suite 44 |
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| | Other (descri | ibe) | | | | | | | | 11749 |
| Meals | Breakfast | | I | | | | | | | Reminder! |
| | Lunch | | | | | | | | | Kellillider : |
| | Dinner | | | | | | | | | ALWAYS make a |
| | Snacks | | | | | | | | | copy for your |
| Light I | | ng Services (fo | r patient/patie | nt areas Of | NLY) | | | | | records! |
| | Change Bed | | | | | | | | | |
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| | Recreational Shopping | Activities | | | ļ | | | | | Pay Period |
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| ···unsp | Appointment | S | | | | | | | | 12/2/19 |
| | Errands | | | | | | | | | to |
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|----------------------------------|--|---|----------------------|-------------|--|--------------------------|-----------|---------------------|-----------|------------------------------|--|
| *Patient Name: | | | | | | Employee Name | | | | | |
| | | * Print ENTIRE Patient Name! Only one (1) | | | | | | | | | |
| | | | eet - call (631) 576 | , , , | | | | | | | |
| | | | e.com/timesheet if | _ | Er | nployee S | ianature: | | | | |
| | | print additional tim | nesheets. | | | | | | | | |
| | DATE | TIME IN | TIME OUT | # HRS | Employee | Patient/P | atient | | Day | Poriod 7 | |
| | DATE | (circle am or pm) | (circle am or pm) | # 1183 | Initials | Representative Signature | | Pay Period Z | | | |
| MON | 12/16/19 | am | am | | | | | | \//EEk | 1 of 2 | |
| | ,,, | pm | · · | | | | | | <u> </u> | | |
| TUE | 12/17/19 | am pm | | | | | | | | mesheet must be | |
| WED | 12/18/19 | - am | am | | | | | | | ed by Ellison Home | |
| WED | 12/10/19 | pm | · · | | | | | | Care no . | later than 5pm on | |
| THU | 12/19/19 | am pm | | | | | | | TUE | S, 12/31/19 | |
| | | am | | | | | | | .02 | o, 12, 01, 13 | |
| FRI | 12/20/19 | pm | | | | | | | 16.14 | | |
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| | | | TOT HRS | | < vvrite | your total ho | ours nere | | | | |
| _ | | | | | 4 | | 1 | 1 | | 1 / | |
| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: | |
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| Attten | dant Care S | ervices | | | | | | | | or` | |
| | Bathing Assis | | | | | | | | | | |
| | Dressing Assistance | | | | | | | | | Mail / drop off to: | |
| Grooming Assistance | | | | | | | | | | | |
| Medication Assistance | | | | | | | | | | 1747 Vets Mem Hwy | |
| | Toileting Assistance Transfer Assistance | | | | - | | | | | Suite 44 Islandia, NY | |
| Other (describe) | | | | | | | | | | 11749 | |
| Meals | (1.1.1 | | | | | | | | | | |
| Breakfast | | | | | | | | | Reminder! | | |
| | Lunch | | | | | | | | | | |
| | Dinner | | | | | | | | | ALWAYS make a | |
| Snacks | | | | | | | | | | copy for your | |
| Light I | | ng Services (fo | r patient/patie | nt areas Of | NLY) | | 1 | | | records! | |
| | Change Bed Linen Clean Bathroom | | 1 | | | | | | | | |
| | Clean Kitcher | | | | | | | | | | |
| | Dust | | | | | | | | | | |
| | Laundry | | | | | | | | | | |
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| | Other (descr | | | | <u> </u> | | | | | | |
| Compa | nion Servic | | | ı | ı | | ı | <u> </u> | | | |
| Recreational Activities Shopping | | | | | - | | | | | Pay Period | |
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| Transportation | | | | | | | | | | | |
| | Appointment | S | I | | | | | | | 12/16/19 | |
| | Errands | | | | <u> </u> | | | | | to | |
| | Other (descr | ibe) | | | | | | | | 12/29/19 | |



| *Patient Name: | | | | | | Employee Name: | | | | | |
|----------------|-------------------------------|---|---|--------------|----------|----------------|-----------|----------|-------------------------------|--|--|
| rau | ent Name. | * Print ENTIRE I patient per timesh | Patient Name! O eet - call (631) 576 | 5-4060 or go | | | | | | | |
| | | to ellisonhomecare print additional tin | e.com/timesheet if nesheets. | you need to | Er | nployee S | ignature: | | | | |
| | DATE | TIME IN | TIME OUT | # HRS | Employee | Patient/P | | | Pay | Period Z | |
| | | (circle am or pm) (circle am or pm) Initials Representative Signa | | | | nature | | | | | |
| MON | 12/23/19 | pm | | | | | | | WEEK | 2 of 2 | |
| TUE | 12/24/19 | am pm | am pm | | | | | | This timesheet must be | | |
| WED | 12/25/19 | am | am | | | | | | | ed by Ellison Home later than 5pm on | |
| | | pili | · · | | | | | | | | |
| THU | 12/26/19 | piii | | | | | | | TUES, 12/31/19 | | |
| FRI | 12/27/19 | am pm | | | | | | | | | |
| SAT | 12/28/19 | am | | | | | | | | receive pay for this | |
| - | | pili | | | | | | | | imesheet on | |
| SUN | 12/29/19 | pm | pm | | | | | | FF | RI, 1/3/20 | |
| | | | TOT HRS | | < Write | your total ho | ours here | | | | |
| | | | | | | | | | | | |
| Days o | f Service | | MON | TUE | WED | THU | FRI | SAT | SUN | / Fax this form to: | |
| | | | 12/23/19 | 12/24/19 | 12/25/19 | 12/26/19 | 12/27/19 | 12/28/19 | 12/29/19 | (631) 237-3820 | |
| Attten | dant Care S | ervices | | | | | | | | or` | |
| | Bathing Assistance | | | | | | | | | | |
| | Dressing Ass Grooming As | | | | | | | | | Mail / drop off to: | |
| | Medication A | | | | | | | | | 1747 Vets Mem Hwy | |
| | Toileting Ass | | | | | | | | | Suite 44 | |
| | Transfer Assistance | | | | | | | | | Islandia, NY | |
| | Other (descri | ibe) | | | | | | | | 11749 | |
| Meals | Breakfast | | I | l | 1 | ı | 1 | 1 | | Reminder! | |
| | Lunch | | | | | | | | | Kemmaer : | |
| | Dinner | | | | | | | | | ALWAYS make a | |
| | Snacks | | | | | | | | | copy for your | |
| Light H | | ng Services (fo | r patient/patie | nt areas Ol | NLY) | | | | | records! | |
| | Change Bed Linen | | | | | | | | | | |
| | Clean Bathro Clean Kitcher | | | | | | | | | | |
| | Dust | 1 | | | | | | | | | |
| | Laundry | | | | | | | | | | |
| | Мор | | | | | | | | | 1 | |
| | Vacuum | | | | | | | | | | |
| | Other (descri | | | | | | | | | | |
| Compa | nion Servic | | 1 | | | | 1 | , | | | |
| | Recreational Shopping | Activities | | | | | | | | Pay Period | |
| | Other (descri | ibe) | | | - | | | | | Z | |
| Transportation | | | | | | | | | | | |
| · · · · · · · | Appointment | S | I | | | | | | | 12/16/19 | |
| | Errands | | <u> </u> | | | | | | | to | |
| | Other (descri | ibe) | | | | | | | | 12/29/19 | |