Employee Name: _____

Client Name: _____

Sunrise Home Care Services

Your preference in home care

Pay period start Date	
Pay period end Date	

	WEEK - 1							WEEK - 2						
PERAONAL CARE	S	M	T	W	T	F	S	S	M	T	W	T	F	S
Bath														
Shower														
Hair Care														
Oral Care														
Skin Care														
Nail Care														
Shaving														
Lotion/Oientment														
Assist Dressing														
Bathroom Assist.														
Incontinence Care														
Assist. Medication														
Bowel/Bladder Care														
CLEANING														
Bath Room														
Kitchen/Dining														
Bed Room & sitting Room														
Laundry														
Trash /Mop/Vacuum														
MEAL PREPRATION & FEEDING														
Breakfast														
Lunch														
Snacks														
Dinner														
TRANSPORTATION														
Dr. Appointment														
Shopping/Errands														
OTHER														
Money management														
Supervision/Coaching														
Secure Transportation														
Social/Leisure Time														

Days	Dates	1St Shift		Break	2nd Shift		Break	Hours Worked	Client Sign
		In	Out		In	Out			
Sun									
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									

Days	Dates	1St Shift		Break	2nd Shift		Break	Hours Worked	Client Sign
		In	Out		In	Out			
Sun									
Mon									
Tues									
Wed									
Thur									
Fri									
Sat									

Employee Signature: _____

By signing above, I certify that the hours are accurate, and I worked according to the authorized units.

Client Signature: _____

By signing above, I certify that the hours are accurate and mention care were provided on the date above.

2920 Herr Street, Harrisburg, PA 17103

Ph: 717-298-4175 Fax: 717-254-4571 Email: info@sunrisehomecareservices.com

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