



Humble Hearts Home Care LLC.  
 Philadelphia, PA 19140  
 Phone (484) 347-4643  
[Leonardo.HumbleHeart@gmail.com](mailto:Leonardo.HumbleHeart@gmail.com)

# TIME SHEET

Employee Name	Client Name <span style="float: right;">Medicaid / PCA / Private Pay</span>
---------------	---

For the week of: Sunday      /      /      thru Saturday      /      /       

MM DD YY
MM DD YY

DATES OF SERVICE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>TIME IN</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TIME OUT</b>	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
<b>TOTAL HOURS</b>	Hours	Hours	Hours	Hours	Hours	Hours	Hours
<b>CLIENT'S INITIALS</b>							
<b>EMPLOYEE'S INITIALS</b>							

To ensure payment you MUST write your <u>INITIALS</u> next to all the activities you provided for each date you provided care. If other, DESCRIBE.							
DRESSING							
GROOMING							
BATHING							
SAFETY							
TRANSFERS							
MOBILITY							
MEAL PREP							
TOILETING							
LIGHT HOUSEKEEPING							
LAUNDRY							
MEDICATION MANAGEMENT							
EXERCISE							
OTHER							

I certify that the hours and tasks shown on this time sheet accurately represent the total hours I worked to accomplish the tasks and they were properly verified. I certify that all patient's signatures are authentic. I must report any patient's falls, emergency transfers, hospitalizations, and injuries to the agency immediately. I understand that Humble Hearts Home Care LLC. does not provide PAS services in a hospital or a Skilled Facility. I understand that no transporting of patients in HHA vehicle is allowed. I understand that the time sheets are due at 12:00pm every Monday for the previous week. No whiting-out or crossing-off allowed on the time sheet. I complied with all rules and regulations of the agency and sustained no work injury in this work period. I took appropriate meal breaks and rest periods. I understand that it is a federal crime to provide false information and verified that the times and services entered on this document are accurate.

Employee's signature	TOTAL HOURS WORKED	Client's signature	TOTAL HOURS WORKED
----------------------	--------------------	--------------------	--------------------