VNS CAREGIVERS INC.30 Hazel Terrace Suite 4, Woodbridge CT 06525
Tel:203-298-4867;Fax: 203-404-3109;Email: vnscaregivers@gmail.com

COMPANION TASKS RECORD

Client Name: _ Week Ending Date: _ _ _ _ _ _ _ _ _ _ _ _ _

Aide's Name: _____ Signature _____Date_____

Enter date and time in and time out (to include AM or PM) and ensure client signs on each day worked.

Date of Service	Day of Week	Time IN	Time OUT	Tim e IN	Time OUT	CLIENTS MUST SIGN TIMESHEETS DAILY.
	Sunday					Client Signature:
	Monday					Client Signature
	Tuesday					Client Signature:
	Wednesday					Client Signature:
	Thursday					Client Signature:
	Friday					Client Signature:
	Saturday					Client Signature:

Ensure timesheets are completed, entirely, accurately and they are legible. No scratch-outs. No white-out. If you make a mistake, draw a single line through it, initial it and make your correction.

TOTAL HOURS W0RKED:

	Assignment (MUST COMPLETE ALL TASKS)	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
88	Light Meal Prep								
89	Medication Reminder								
90	Safety/Monitoring								
91	Socialization /Hobbies								
92	Accompany on walks								
93	Accompany to medical appointment								
94	Accompany to other location								
95	Shopping /Errands								
96	Assist with phone calls								
NUMBER OF TASKS									

All timesheets must be received on or before every Sunday by 10am following the week worked. Timesheets received after the deadline will be held until the following pay period. Blank Timesheets can be found at our website www.vnscaregivers.com/work-tools.html .

DROP TIMESHEETS IN THE WHITE DROP BOX IN FRONT OF THE OFFICE BUILDING MAIN ENTRANCE.