Alliance Health Services

2260 Cliff Road – Eagan, Minnesota 55122
Phone: 651-895-8030 Toll Free: 1-800-548-0980 Fax: 651-895-8070

CDCS/CSG – AHS
Effective 10/15

CLIENT NAME ______________________ **EMPLOYEE NAME** ______________________

For the week of: **Sunday**_____/_____/_____ thru **Saturday**_____/_____/_____
MM DD YY MM DD YY

DATES OF SERVICE (MM/DD)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME IN (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME IN (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME IN (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT (circle AM/PM)	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
For Each Date Please Indicate the Program(s) in Which you Worked	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO	____ Staffing ____ Household Assistance ____ Caregiver Relief ____ PTO
DAILY TOTAL HOURS							

Client/Responsible Party and Staff MUST review the completed time sheet for accuracy before signing. Your signature verifies the time and services entered above are accurate and that the client was not admitted to another facility during the times provided.		**TOTAL HOURS WORKED FOR WEEK**
EMPLOYEE SIGNATURE	**DATE SIGNED**	
CLIENT/RESPONSIBLE PARTY SIGNATURE	**DATE SIGNED**	

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE WWW.ALLIANCEHEALTHCARE.COM