

## PERSONAL SUPPORT/RESPIRE – AHS

Client Name \_\_\_\_\_ Employee Name \_\_\_\_\_

For the week of: **Sunday** \_\_\_\_\_ thru **Saturday** \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
<b>Time In:</b>	<b>Time In:</b>	<b>Time In:</b>	<b>Time In:</b>	<b>Time In:</b>	<b>Time In:</b>	<b>Time In:</b>
<b>Time Out:</b>	<b>Time Out:</b>	<b>Time Out:</b>	<b>Time Out:</b>	<b>Time Out:</b>	<b>Time Out:</b>	<b>Time Out:</b>
<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily	<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily	<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily	<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily	<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily	<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily	<i>Please indicate the program in which you worked for this day:</i>  ____ Personal Support  ____ Respite Hourly  ____ Respite Out-of-Home Hourly  ____ Respite Daily
<b>Total Hours:</b>	<b>Total Hours:</b>	<b>Total Hours:</b>	<b>Total Hours:</b>	<b>Total Hours:</b>	<b>Total Hours:</b>	<b>Total Hours:</b>
<b>Client/Responsible Party and Staff MUST review the complete timesheet for accuracy before signing.</b> 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 (i.e. hospital, ICF-MR or Respite facility).						<b>Total Hours for Week:</b>
<b>EMPLOYEE SIGNATURE:</b>					<b>DATE SIGNED:</b>	
<b>CLIENT/RESPONSIBLE PARTY SIGNATURE (Please authorize all hours before signing here):</b>					<b>DATE SIGNED:</b>	

NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00 AM 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](http://WWW.ALLIANCEHEALTHCARE.COM)  
REVISED MAY 2017