



CLIENT NAME: (PRINT)	CAREGIVER NAME : (PRINT)
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<p>◆ WHEN CHARTING REMEMBER TO FOLLOW THE CARE PLAN. ALL TIMESHEETS THAT DO NOT FOLLOW THE CARE PLAN WILL BE RETURNED.</p> <p>COPIES OF RECORD— WHITE COPY—CELESTIAL YELLOW COPY—CAREGIVER PINK COPY—CLIENT</p> <p>◆ TIMESHEETS ARE DUE MONDAY BY 5PM OR YOU WILL MISS THE PAYROLL PROCESS. <u>NO EXCEPTIONS WILL BE MADE!</u></p>	DAY OF WEEK	SUN	MON	TUE	WED	THU	FRI	SAT	
	DATE								
	MORNING SHIFT								
	TIME IN								
	TIME OUT								
	LUNCH SHIFT								
	TIME IN								
	TIME OUT								
	EVENING SHIFT								
	TIME IN								
	TIME OUT								
	TOTALS								

ACTIVITY	MORNING SHIFT							LUNCH SHIFT							EVENING SHIFT								
	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
Bath/Shower																							
Bed Bath/Wash Up																							
Other (Specify)																							
Personal Care																							
Assist with Dressing																							
Assist with Undressing																							
Hair Care																							
Assist with Ambulation (W/C, Walker, Cane)																							
Assist with Transfer (Chair, Bed, Commode, Shower, Tub)																							
Meal Preparation																							
Assist with Feeding																							
Equipment Care																							

CLIENT INITIALS FOR THE WEEK:	Sun	Mon	Tue	Wed	Thu	Fri	Sat
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CLIENT SIGNATURE FOR THE WEEK:

CAREGIVER SIGNATURE FOR THE WEEK:

RN OVERVIEW SIGNATURE:

FAX TO (414) 231-9027 EMAIL TO PAYROLL@CELESTIALCARELLC.COM	SERVICE MONTH:	SERVICE YEAR:
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