

Employee Time Sheet



Employee Time Sheet

Employee Name _____

Client Name _____

RECORD OF CARE TIME

Time periods for each day run from 12:00 AM – 12:00 AM. If you work an overnight shift, make sure to divide your time between the two days.

YEAR: 2023	SUN		MON		TUES		WED		THUR		FRI		SAT	
Date (MM/DD)	/		/		/		/		/		/		/	
Write time and circle either AM or PM	Time Start		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
	Time End		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Shift Total Time														
Daily Total Time														

RECORD OF CARES PERFORMED EACH SHIFT

Please write how many times each care was performed during each time period.

Dress/Undress														
Bathing														
Hair/Shampoo/Comb														
Oral Hygiene														
Preventative Skin Care														
Nail Care														
Ambulation														
Transfer														
R.O.M./Simple Exercise														
Toileting														
Incontinent Care														
Catheter Care														
Bowel Routines														
Suction/Trach Care														
G-Tube Care														
Vent														
Nebulizer														
Braces/Splints														
Complex Positioning														
Medication Assist														
Eating Assist/G-Tube														
Lt Housekeeping per cp														
Safety Precautions														

TOTAL WEEKLY HOURS

REQUIRED SIGNATURES

We, the Client & Employee, verify this record is accurate & complete:

Employee Signature _____

Date _____

Client Signature _____

Date _____

OFFICE USE ONLY

Date Received: _____

Date Paid: _____

KPI, Inc. RN Supervisor Signature & Date _____