

Family Staffing Solutions

Call In/Out Phone: 615/624-8095 Fax: 615/624-8471 After Hours Emergency: 615/848-6774

Weekly Timesheet

Friend Name _____

Client Name _____

Date	Day	Start Time	End Time	TOTAL HRS	PLEASE LIST THE TASKS PERFORMED WHILE ON DUTY	Client Initials
	Sat					
	Sun					
	Mon					
	Tues					
	Wed					
	Thurs					
	Fri					

TOTAL HOURS WORKED =

TIMESHEET MUST BE INITIALED BY THE CLIENT!!!

MILEAGE RECORD

Date	Destination	Odometer Begin	Odometer End	Total Miles

COMMENTS / UPDATES ON CLIENTS

*I have had a great week helping our clients "Stay Independent * At Home * In Charge"
I have practiced universal precautions as taught in our staff training program.*



REMEMBER TO PHONE IN & OUT...

THANK YOU!!!

For office use only



Verified by _____

Friend Signature _____