

WEEKLY TIMESHEET: DUE SUNDAYS BY 6 P.M. /FAX 937.429.4406



Dynamic Senior Solutions

Employee Name: _____						Client Name: _____	
						Client Address: _____	
Date	Day	Start Time	End Time	Total HRS	Miles	Employee Signature	Client Signature
	Mon						
	Tues						
	Wed						
	Thur						
	Fri						
	Sat						
	Sun						
Total Hrs: _____ NB Hrs: _____ Mileage _____						**Client Signature certifies that hours shown are correct and work was completed in a satisfactory manner	

*NB=Non-billable hrs

Home Management/Social/Cognitive Activities								Personal Care Activities *LOA (Level of Assistance) Codes: I-Independent S-Supervise A-Assist D-Dependent								
Activity	M	T	W	Th	Fr	Sa	S	Activity	M	T	W	Th	Fr	Sa	S	*LOA
1-Meal Prep								13-Bath: Tub/Shower								
2-Laundry								14-Sponge Bath								
3-Vacuum								15-Shampoo								
4-Dust								16-Oral Hygiene								
5-Mop Floors								17-Dress/Groom								
6-Clean Kitchen								18-Toileting								
7-Clean Bathroom								19-Incont. Brief								
8-Empty Trash								20-Ambulation								
9-Errands								21-Transfers								
10-Shopping								22-Med Reminder								
11Companionship/ Socialization								23-Feeding:								
12-Cog Activity								Other/Comments:								

Employee Signature _____

Date: _____