PHONE: (952) 898-4911 **SUPERIOR HOME CARE** **FAX: (952) 898-3088**

HOMEMAKER TIME SHEET

CLIENT NAME:	MA# or BIRTHDAY	EMPLOYEE NAME:	PCA #:

TIME WORKED

Date of Service	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time In:							
Time Out:							
Daily Totals →							
WEEKLY TOTAL							

HOMEMAKING PREFORMED

Vacuum							
Dust							
Kitchen counters							
Refrigerator							
Sweep							
Mop							
Stove							
Toilet							
Sinks							
Tub or shower							
Other							

PROGRESS NOTES

NOTE: Client is responsible for providing all cleaning supplies and gloves needed for cleaning.

Employee Signature:	Date:
Client / Family Signature:	Date: