America Elderly Services
Homemaker & Companion

TIME SLIP

CLIENT NAME: _____

PERIOD ENDING: _____/_____/_____
(ALWAYS SATURDAY) Month Day Year

EMPLOYEE NAME: _____

TOTAL WEEK HOURS [ ]

TOTAL HOMEMAKER HOURS [ ]

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
In	:	:	:	:	:	:	:
Out	:	:	:	:	:	:	:
Hours	:	:	:	:	:	:	:

HOMEMAKER DUTIES

Vacuuming							
Dusting							
Wet Mop Floors							
Care of Bathroom							
Making beds / changing linens							
Clean Kitchen							
Wash dishes							
Clean refrigerator							
Laundry							
Marketing / Shopping							
Meal Planning & Preparation							
Money management (make deposit, pay bills)							
Other_____							

TOTAL COMPANION HOURS [ ]

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
In	:	:	:	:	:	:	:
Out	:	:	:	:	:	:	:
Hours	:	:	:	:	:	:	:

COMPANION DUTIES

Supervision / monitor of activities of daily living							
Reminder for self-administered medication							
Escort to recreational activity							
Accompany to appointment (medical/business)							
Assist with phone calls / communications							
Accompany on walk							
Conversation							
Read							
Other_____							

DAILY CLIENT SIGNATURE

_____
" Employee Signature "

_____
" Supervisor Signature "

_____
" Date Receive "