

NURSE MANAGEMENT SERVICES OF GEORGIA INC

PH:770-991-6645

958 McEver Rd Suite D2 Gainesville, Ga 30501

GAINESVILLE

TIMESHEET

FAX 770-535-0121

EMPLOYEE TIME SHEET/ SERVICE DOCUMENT

SPLIT SHIFT TIMESHEET (2 Shift)

| Services Provided | S | M | T | W | T H | F | S |
|---|---|---|---|---|--------|---|---|
| <input type="checkbox"/> Assess / Assure Hygienic Care compliance **** | | | | | | | |
| <input type="checkbox"/> Bed Bath <input type="checkbox"/> Shower | | | | | | | |
| <input type="checkbox"/> Brush hair | | | | | | | |
| <input type="checkbox"/> Nail care | | | | | | | |
| <input type="checkbox"/> Shave | | | | | | | |
| <input type="checkbox"/> Change Depends /pericare | | | | | | | |
| <input type="checkbox"/> Mouth Care <input type="checkbox"/> Denture Care <input type="checkbox"/> Toothettes / solution | | | | | | | |
| <input type="checkbox"/> Assess/ Monitor Home Cleanliness | | | | | | | |
| <input type="checkbox"/> Cleanliness of Living Areas | | | | | | | |
| <input type="checkbox"/> Kitchen Area | | | | | | | |
| <input type="checkbox"/> Bedroom Area | | | | | | | |
| <input type="checkbox"/> Evaluate Safety Factors in Home **** | | | | | | | |
| <input type="checkbox"/> Observing and reporting Changes in client condition **** | | | | | | | |
| <input type="checkbox"/> Laundry | | | | | | | |
| <input type="checkbox"/> Grocery Shopping | | | | | | | |
| <input type="checkbox"/> Errands | | | | | | | |
| <input type="checkbox"/> Picking up / Arranging for prescriptions Refill or pick-up | | | | | | | |
| <input type="checkbox"/> Reminding client to take medications | | | | | | | |
| <input type="checkbox"/> Providing watchful supervision and oversight **** | | | | | | | |
| <input type="checkbox"/> Encouraging Proper Nutrition | | | | | | | |
| <input type="checkbox"/> Observing and reporting meal accumulation and food storage or cooking equipment failure. | | | | | | | |
| <input type="checkbox"/> Assisting with food stamps and other applications. | | | | | | | |
| <input type="checkbox"/> Change linen <input type="checkbox"/> Make Bed | | | | | | | |
| <input type="checkbox"/> Monitor Oxygen Use | | | | | | | |
| <input type="checkbox"/> Arrange Transportation to Appointment | | | | | | | |
| Signature OBTAINED BY EMPLOYEE <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | |
| Signature verified by OFFICE STAFF <input type="checkbox"/> yes <input type="checkbox"/> no | | | | | | | |

PLEASE USE YOUR INITIALS TO DOCUMENT TASKS PERFORMED

A Separate time sheet for each week and each client must be completed. In other words, please do not combine different pay periods and / or clients onto one time sheet, as this may cause delays and/or errors in your paycheck. Time sheets must be mailed or dropped off weekly on Monday by 12 noon in order to receive payment for services rendered. Any time sheet that is turned in late, will be paid the following week. ORIGINAL TIMESHEETS MUST BE RECEIVED IN OFFICE EVERY MONDAY. NO COPIES ACCEPTED. CLIENTS WITH ID#40...ONLY ! MUST BE FAXED BEFORE MAILING EACH WEEK.

CLIENT NAME:

EMPLOYEE NAME:

| | | |
|--|-----------------------------------|----------------------------------|
| . Time sheets must be mailed OR DROPPED OFF weekly by Monday at 12pm in order to receive payment for services rendered, a time sheet that is turned in late, will be paid the following pay period | (Sunday) WEEK BEGINNING | (Saturday) WEEK ENDING |
|--|-----------------------------------|----------------------------------|

| SHIFT # 1 | | | | SHIFT # 2 | | | | | |
|-----------|------|---------|----------|-----------|-----------|---------|----------|--------|-----------|
| DATE | DAY | TIME IN | TIME OUT | Client | Signature | TIME IN | TIME OUT | Client | Signature |
| | Sun | | | | | | | | |
| | Mon | | | | | | | | |
| | Tue | | | | | | | | |
| | Wed | | | | | | | | |
| | Thur | | | | | | | | |
| | Fri | | | | | | | | |
| | Sat | | | | | | | | |

| | | |
|-------------------------|--------------------|--------------------|
| OFFICE USE ONLY: | TOTAL FOR SHIFT #1 | TOTAL FOR SHIFT #2 |
|-------------------------|--------------------|--------------------|

THIS IS A LEGAL DOCUMENT

ALL OVERTIME MUST BE PRE-AUTHORIZED BY THE NURSE MANAEMENT SERVICES INC. NURSING OFFICE

I certify the hours recorded above are correct

| | |
|-------------------------|---------------------------|
| | |
| CLIENT SIGNATURE | EMPLOYEE SIGNATURE |

I acknowledge this is an accurate recorded time in which Nurse Management Services provided services and that no injuries occurred during this time to the employee or the client.

Reviewed by RN:

TIME SHEETS MUST BE TURNED IN EVERY MONDAY BY 12 NOON