

# NURSE MANAGEMENT SERVICES OF GEORGIA INC

PH:770-991-6645  
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P.O.BOX 688, HAMPTON, GA. 30228

## EMPLOYEE TIME SHEET/ SERVICE DOCUMENT

## SPLIT SHIFT TIMESHEET (2 Shift)

Services Provided	S	M	T	W	T H	F	S
<input type="checkbox"/> <b>Assess / Assure Hygienic Care compliance</b> ****							
<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"/> <b>Assess/ Monitor Home Cleanliness</b>							
<input type="checkbox"/> Cleanliness of Living Areas							
<input type="checkbox"/> Kitchen Area							
<input type="checkbox"/> Bedroom Area							
<input type="checkbox"/> <b>Evaluate Safety Factors in Home</b> ****							
<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**

Employee cannot receive payment until a signed time sheet is received. Employee and client must sign time sheet and verify all hours and service performed. A separate time sheet for each week and each client must be completed. In other words, please do not combine different pay periods an d/or client onto one time sheet, as this may cause delays and/or errors in your paycheck. Time sheets must be mailed and faxed in 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.

**CLIENT NAME:**

**EMPLOYEE NAME:**

. Time sheets must be mailed and faxed in weekly by Monday at 5pm in order to receive payment for services rendered, a time sheet that is turned in late, will be paid the following pay period	(Sunday) <b>WEEK BEGINNING</b>	(Saturday) <b>WEEK ENDING</b>
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SHIFT # 1						SHIFT # 2	
DATE	DAY	TIME IN	TIME OUT	Client	Signature	TIME IN	TIME OUT
	Sun						
	Mon						
	Tue						
	Wed						
	Thur						
	Fri						
	Sat						
<b>OFFICE USE ONLY:</b>				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.	

**TIME SHEETS MUST BE TURNED IN WEEKLY ON MONDAY BY 12 NOON**