



**EXURBIA HOME HEALTHCARE
WEEKLY TIMESHEET**

Employee Name: _____ Week Ending Date: _____

Client Name: _____ Client Signature: _____

	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total
Time In								
Time Out								
Time In								
Time Out								

		S	M	T	W	T	F	S			S	M	T	W	T	F	S	
Bath	Complete/Partial								Companion									
	Shower																	
	Tub																	
Perineal Care	Assist To Bathroom								Socialize									
	Assist To Commode																	
Skin Care	Lotion																	
	Massage								Safety									
	Shave																	
	Nails																	
Oral care	Teeth																	
	Dentures																	
Foot Care	Lotion																	
	Soaks/Elastic Hose																	
Hair Care	Shampoo																	
	Comb, Brush																	
Dress	Assist																	
	Self																	
Transfers	Bed to W/C																	
	W/C to Bed																	
	Reposition																	
Homemaking	Laundry																	
	Shopping																	
	Kitchen																	
	Bathroom																	
	Bedroom/Linens																	
	Living Room																	
	Trash																	
Nutrition	Prepare Meal								Restrictions									
	Feeding																	
	Assist Feeding																	

Signature: _____

Date: _____