

Homecare Precision

Timesheet Verification Form

| | |
|-----------------|--------------|
| Caregiver Name: | Client Name: |
|-----------------|--------------|

| Date (MM/DD/YYYY) | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|----------------------|--------|--------|---------|-----------|----------|--------|----------|
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |
| | AM | AM | AM | AM | AM | AM | AM |
| | PM | PM | PM | PM | PM | PM | PM |

Reason for Missed In/Out

| | |
|--|--|
| Forgot to use EVV to clock in/out _____ Phone device not working _____ Schedule change _____ | Please explain why office wasn't notify immediately: |
|--|--|

Please note that all timesheets **MUST** be signed by both **Employee and Client** in order to be process by Payroll. All **Timesheet Must** be submitted every Monday by 11am to have a smooth payroll. Any timesheet submitted after 11am, will be on the next payroll. NO EXCEPTION.

Caregiver Signature: _____

Date: _____

Client Signature: _____

Date: _____

Agency Representative: _____

Date: _____