

2024 245D TIME & ACTIVITY DOCUMENTATION

CIRC	<u>LE THE SER'</u>	VICE PROVIDED:	
HM	NS	RES	
ICLS	IHSw†	IHS wot	

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	WEEK 1					WEEK 2									
DAY:	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	
DATE:															
VISIT 1:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AN N PN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
VISIT 1: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AN N PN	AM 1 PM	AM PM		AM PM	AM PM	AM PM	AM PM	
VISIT 1 TOTAL:															
VISIT 2:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AN N PN	AM A PM	AM PM		AM PM	AM PM	AM PM	AM PM	
VISIT 2: OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AN AN	AM A PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	
VISIT 2 TOTAL:															
DAILY TOTAL:															
	WEEK 1 TOTA	WEEK 1 TOTAL:							WEEK 2 TOTAL: PAY PERIOD TOTAL:						
	WEEK 1 ACTIVITIES/PROGRESS:							WEEK 2 ACTIVITIES/PROGRESS:							
Was the recipient in Hospital or other Care Facility during this pay period? Y N						Dates:									
Facility Location	on:														
Printed Client Name:			Date of Birth:		Client/Resp	Responsible Party Signature: Date:									
Time Sheet Rul must circle AM EMAIL TIMESHE	1 or PM. Time	sheets with v	white out will	NOT be acc	epted. Incom	plete, incom	ect, or illegib	ole time sheet	ts will NOT be	accepted.		must be filled	l out each shi	ft. You	
Acknowledge information or															
256B.092 and		-						•							

date/times worked.

Printed Employee Name:

Employee Signature:

Date: