

CARINGHANDS HOME CARE INC.
651-207-8245
HOMEMAKING TIME SHEET

NAME (HOME MAKER) _____ DATE _____

	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday
DATE M/D/Y							
TIME IN	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TIME OUT	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

DAILY ACTIVITIES

VACUUM/ DUSTING							
LAUNDRY							
KITCHEN/ DISHES							
TRASH							
SWEEP/MOP							
BEDDING							
OTHER							

Total weekly hours _____

Recipient / Client's Name _____

Recipient / Client's Signature _____ Date _____

Home Maker's Signature _____ Date _____