



To turn in your timesheet

EMAIL/TEXT to: CDPAP@trustedchoicehomecare.com or FAX to: 716-235-1755

**\*\*\*ALL TIMESHEETS ARE DUE IN OUR OFFICE BY MONDAY AT 12PM ORIGINALS DUE BY THURSDAY 12PM THE SAME WEEK\*\*\***

Personal Assistant's Name:		Week of:	
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Consumer's Name:			
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Did a Hospitalization occur? Y / N	Date:	Time:	Consumer's Initials:
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DAY	DATE (mm/dd/yy)	IN	OUT	Total Hours
Sunday		(AM / PM)	(AM / PM)	
Monday		(AM / PM)	(AM / PM)	
Tuesday		(AM / PM)	(AM / PM)	
Wednesday		(AM / PM)	(AM / PM)	
Thursday		(AM / PM)	(AM / PM)	
Friday		(AM / PM)	(AM / PM)	
Saturday		(AM / PM)	(AM / PM)	

TOTAL HOURS	
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By signing this form, I am certifying that I worked on these documented dates and hours.

Personal Assistant's Signature:	
Date:	

I certify that the time recorded on this form accurately shows the days and number of hours worked by the personal assistants indicated. The assigned tasks were completed in accordance with my current plan of care.

Consumer's Signature:	
Date:	