



GREYSTOKE  
HOME HEALTH

Phone: (403) 320-0911

Fax: (403) 320-0955

CLIENT INFORMATION:

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

EMPLOYEE INFORMATION

NAME: \_\_\_\_\_  
(first) (last)

SIGNATURE: \_\_\_\_\_

CONFIDENTIAL TIME SHEET

MONTH	DATE	SCHEDULED HOURS	ARRIVAL TIME	TOTAL MINUTES WORKED	CLIENT/GUARDIAN SIGNATURE	COORD NOTIFIED	AUTHORIZED USE ONLY		
							KM	CT	PAY ADJUST
						<b>TOTAL</b>			

OFFICE **MUST** BE NOTIFIED WHEN SCHEDULED CARE IS  
NOT DELIVERED TO CLIENT  
Visit Cancelled Without Notice  
No Answer at Door  
Client Refused Full Service  
Refused at Door

Time sheet **must** be submitted to the office into Drop Box/Reception or by fax  
within **48hrs** of visit

## TIME SHEET GUIDELINES

1. Client Information: Print client name (last and first).
2. Employee Information: Print your name (first and last).
3. Employee signature: sign here to verify that all the information you have printed is correct.
4. For each visit, print in the **month** = Jan, Feb, Mar etc.
5. For each visit, print in the **date of visit** = 1, 2, 10 etc.
6. For each visit, print the amount of time scheduled by your coordinator for the visit. These are the **Scheduled Hours** e.g. 1 hour, 1.5 hours, 0.75 etc.
7. For each visit, print in the exact time you arrived. This is the **Arrival Time** e.g. 0805, 1725 (Use the 24 hour clock, see clock below)
8. For each visit, print the total time you spent with the client. This is the **Total Minutes Worked** e.g 50 mins etc
9. Office **must** be notified when scheduled care is not delivered to client
  - **Visit Cancelled without notice**
  - **NO Answer at door**
  - **Client refused full service**
  - **Refused at door**
10. **Client / Guardian Signature** - Have the client/guardian or appropriate other sign their signature here. If the client is **unable to sign** and no one else is present to sign, please print: unable to sign then **call your coordinator** and print the coordinators name under the heading "**Coord Notified**"
11. KMS, CT, pay adjust is for office use only, unless otherwise authorized.
12. **TIME SHEET DUE DATE:** Time sheets must be submitted to the office into Drop Box/Reception or by fax within **48hrs** of visit

