



DAY	DATE	NURSE NAME	SHIFT	HOURS WORKED	INITIALS Parent or On-Coming Nurse	Notes Received
SUNDAY	04/01/08	Nina Simone - LPN	7am – 7pm	12	BH	✓
	04/01/08	Billie Holiday - RN	7pm – 7am	12	NS	
MONDAY	04/02/08	Nina Simone - LPN	7am – 3pm	8	CP	✓
	04/02/08	Charlie Parker - LPN	3pm – 11pm	8	BH	
	04/02/08	Billie Holiday - RN	11pm – 7am	8	NS	
TUESDAY	04/03/08	Nina Simone - LPN	7am – 5pm	10	Parent	✓
		Billie Holiday - RN	11pm – 7am	8	NS	
WEDNESDAY	04/04/08	Nina Simone - LPN	7am – 7pm	12	Parent	✓
		Charlie Parker - LPN	10pm – 6am	8	NS	
THURSDAY	04/05/08	Nina Simone - LPN	6am – 6pm	12	Parent	✓
		Billie Holiday - RN	12mid – 8am	8	NS	
FRIDAY	04/06/08	Nina Simone - LPN	8am – 6pm	10	Parent	✓
	04/06/08	Charlie Parker - LPN	10pm – 6am	8	NS	
SATURDAY	04/07/08	Nina Simone - LPN	6am – 2pm	8	NS	✓
		Nina Simone - LPN	2pm – 10pm	8	Parent	✓
TOTAL HOURS WORKED THIS WEEK: 140						

Patient/Client Name: John Coltrane

I certify that the hours that I sign and acknowledge are correct and the work was performed in satisfactory manner:

Mr. Stevie Wonder
Signature of Parent or Guardian

04/08/09
Date

CHHC Case Coordinator Signature: Shannon Harley Date: 04/10/09

For the Client or Responsible Party: I agree not to hire (directly or indirectly) the individual(s) named above except with both written and verbal permission of Chesapeake Home Health Care (CHHC) and agree that such individual shall remain employed/contracted with Chesapeake 90-days from the date of such permission. If no permission is granted by Chesapeake, I agree not to hire (directly or indirectly) the individual(s) named above of not less than 365 days from the date of termination of such consultant's assignment with client. I agree not to pay the individual(s) directly under any circumstances. I also agree not to pay the invoice within 14 days of receipt. I understand a late charge will be made on all accounts which are 30 days past due.



COMPLETING THE WEEKLY TIMESHEET

POLICY: Clients/Patients that have at least two shifts of nursing services per day will utilize - one weekly timesheet for all nursing staff

PURPOSE: The weekly timesheet will be used to document and confirm the hours, multiple shifts and multiple nurses that work on a single case.

PROCEDURE: How to complete the form

SECTION I: DAY

The day, starting with Sunday and ending with Saturday is located in the first column of the form. No additional input is needed in this section.

SECTION II: DATE

Nurses: Please print the date in the following format – 2-digit month, 2-digit day and 2-digit year (Example: 04/01/09)

SECTION III: NURSE NAME

Nurses: Please print your first and last name including your title. (Example: Nina Simone, LPN)

SECTION IV: SHIFT

Nurse: Please print the time you starting your shift and the time your shift is ended. (Example: 7am – 7pm). Per the company policy - arrival protocol: this section should be a true reflection of what time you started and ended your shift.

SECTION V: HOURS WORKED

Nurses: Indicate the total hours worked per shift. (Example: 7am – 7pm = 12 hours)

SECTION VI: INITIALS

Nurses: The on-coming nurse and/or parent will confirm/initial that a shift was worked. Nurses are not to initial their own shift.

SECTION VII: NOTES Received – FOR OFFICE USE ONLY!

SECTION VIII: TOTAL HOURS WORKED THIS WEEK – FOR OFFICE USE

SECTION IX: CLIENT NAME - Please Print the first and last name of the client (Example: John Doe)

SECTION X: SIGNATURE OF PARENT/GUARDIAN SIGNATURE AND DATE - Parent(s)/Primary Caregiver(s) ONLY: Please sign the timesheet at the end of the work week after all shifts have been worked and performed by each nurse. Please note - The nurses work week is from Sunday - Saturday

SECTION XI: CHHC CASE COORDINATOR SIGNATURE AND DATE – FOR OFFICE USE

For further instructions see sample!