

# Arrow Home Care LLC Timesheet

Tel: (480)-465-4033  
 Fax: (480)-465-4049  
 Email: Shawna.arrow22@gmail.com  
 & Lina.arrow22@gmail.com

**IMPORTANT NOTE:**  
 This is your responsibility to carry this time sheet at all times during services. We will not accept Blank, Damaged, Unfilled, Late, or/and not signed Time sheets. This is a Legal Document. Do NOT use White out, bend or/and fold it. Time sheet must be turned in by noon on Monday of ending pay period.



\* Required Field

\*MEMBER'S NAME: \_\_\_\_\_

\*Phone # ( ) \_\_\_\_\_

\*CAREGIVER'S NAME: \_\_\_\_\_

\*Phone # ( ) \_\_\_\_\_

DAYS	DATES	TIME-IN	TIME-OUT	Day Total HOURS	Member's SIGNATURE <small>*Member must sign by each day of services</small>
MONDAY		A.M. P.M.	A.M. P.M.		X
TUESDAY		A.M. P.M.	A.M. P.M.		X
WEDNESDAY		A.M. P.M.	A.M. P.M.		X
THURSDAY		A.M. P.M.	A.M. P.M.		X
FRIDAY		A.M. P.M.	A.M. P.M.		X
SATURDAY		A.M. P.M.	A.M. P.M.		X
SUNDAY		A.M. P.M.	A.M. P.M.		X

\*Caregiver's Signature \_\_\_\_\_

\*Total Hours Week 1 \_\_\_\_\_

DAYS	DATES	TIME-IN	TIME-OUT	Day Total HOURS	Member's SIGNATURE <small>*Member must sign by each day of services</small>
MONDAY		A.M. P.M.	A.M. P.M.		X
TUESDAY		A.M. P.M.	A.M. P.M.		X
WEDNESDAY		A.M. P.M.	A.M. P.M.		X
THURSDAY		A.M. P.M.	A.M. P.M.		X
FRIDAY		A.M. P.M.	A.M. P.M.		X
SATURDAY		A.M. P.M.	A.M. P.M.		X
SUNDAY		A.M. P.M.	A.M. P.M.		X

\*Caregiver's Signature \_\_\_\_\_

\*Total Hours Week 2 \_\_\_\_\_

Bath\_\_\_\_, Shower\_\_\_\_, Hair Shampoo\_\_\_\_,  
 Brush Teeth\_\_\_\_, Denture\_\_\_\_, Hair Shave\_\_\_\_,  
 Dressing\_\_\_\_, Toileting\_\_\_\_, Bedside Commode\_\_\_\_,  
 Prepare Meals\_\_\_\_, Feed\_\_\_\_, Make Bed\_\_\_\_,  
 Take Trash Out\_\_\_\_, Shopping\_\_\_\_, Errands\_\_\_\_,  
 Clean: Bathtub\_\_\_\_, Kitchen\_\_\_\_, Oven\_\_\_\_,  
 Other\_\_\_\_\_

**\*TOTAL HOURS**

**\*Total of Timesheet(s)  
This Pay Period**

1 2 3 4 5 6 7 8

Circle One