HOMEMAKER BI-MONTHLY TIMESHEET

My Brothers' Keeper

E-mail: Timecards@136mbk.com

Fax: 952-746-5738

		DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		DAY OF WEEK																
BEGIN DATE	END DATE	TIME IN																
		TIME OUT																
Please Signify AM or PM When Writing In/Out Times		TIME IN																
		TIME OUT																
		TIME IN																
		TIME OUT																
		Total Hours																
ACTIVITY (Please Initial)																		
Light Housekeeping																		
Laundry Service																		
Organization																		
Other (according to Homemaker Care Plan)																		
		TOTAL HOURS																

HOMEMAKER

Print Employee Name	Office Use Only
Employee Signature	
Print Recipient/RP Name	After the Homemaking Staff has documented his/her time and activity, the staff must draw a line through any dates and time he/she did not provide Homemaking Services. Review the completed timesheet for accuracy before signing. It is a federal crime to provide false information on Homemaker billings for Medical Assistance payment. Your signature verifies the time and services entered above are accurate and the services are performed as specified in the Homemaker Care Plan.
Supervisor Signature	(Hours in excess of 40 hours in a week (Sunday through Saturday) must be authorized by My Brothers' Keeper in advance)