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HHA Dept. 021 Effective 4/12

HOME HEALTH AIDE TIMESHEET

(circle AM/PM) PM	CLIE	NT NAME (First, MI, Last)			HOME HEALTH AIDE (First, MI, Last)					
DATES OF Sunday Monday Tuesday Wednesday Thursday Friday Saturday Satu			For the week of: Sur	nday/			thru Saturday			
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THE OUT AM										AM PM
DAILY TOTAL HOURS		TIME OUT	AM	AM		AM	AM	AM	AM	AM
Instruction: Cares performed must be documented by staff initials. R Refused (incurrent below) Sunday Monday Tuesday Wednesday Thursday Friday Saturday			PM	PM		PM	PM	PM	PM	PM
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