



Atlanta Healthcare Staffing | Trusted Hands Senior Care  
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 TIME SHEET



Effective 3/18

CLIENT NAME (First, MI, Last) or FACILITY NAME and CONTACT PERSON \_\_\_\_\_ CNA, LPN or RN (First, MI, Last) \_\_\_\_\_

For the week of: Sunday / MM / DD / YY thru Saturday / MM / DD / YY

DATES OF SERVICE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME IN (circle AM/PM)	AM	AM	AM	AM	AM	AM	AM
TIME OUT (circle AM/PM)	PM	PM	PM	PM	PM	PM	PM
DAILY TOTAL HOURS							

TOTAL HOURS FOR WEEK \_\_\_\_\_

Instruction: Care performed must be documented by staff initials. R = Refused (document below)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
BATH	Bath/Shower						
	Sponge Bath/Bed Bath						
	Shampoo						
	Shave						
	Oral Care/Denture Care						
BLADDER / BOWEL	Dressing						
	Catheter Care						
	Toilet/Commode						
	Bedpan/Urinal						
	Brief/Pad						
AMBULATION	Incontinent						
	Peri Care						
	Distance						
	Frequency						
	Assist with Transfers						
RANGE OF MOTION	Use Transfer Belt						
	Bedbound						
	Weight Bearing: Full/Partial						
	Cane/Crutches						
	Walker/Wheelchair						
SKIN / SENSORY	PROM U L						
	AROM U L						
	Apply Limb Prosthesis						
	Braces						
	TEDS/Ace Wraps						
MEALS	Lotion to Skin						
	Nail Care						
	Turn & Position						
	Foot Soak						
	Non Sterile Drsg Chg						
HOUSEHOLD SERVICES	Glasses/Contacts						
	Hearing Aide: L R						
	Restrict Fluids/Push Fluids						
	Feed Client						
	Meal Prep: B L D SN						
OTHER	Supplement Given						
	Weight						
	Vacuum						
	Laundry						
	Kitchen/Dishes						
Bathroom(s)							
Empty Garbage							
Make Bed, Change Linen							

COMMENTS: (Changes in client condition must be documented and RN Supervisor notified.) \_\_\_\_\_

CLIENT SIGNATURE _____	DATE _____	CNA, LPN or RN SIGNATURE _____	DATE _____
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NOTE: ALL TIMESHEETS MUST BE RECEIVED EVERY MONDAY BY 10:00AM FOLLOWING THE WEEK WORKED. PLEASE CALL AFTER YOU SEND YOUR TIMESHEETS TO MAKE SURE THEY WERE RECEIVED. BLANK TIMESHEETS CAN BE FOUND AT OUR WEBSITE [WWW.ATLANTAHEALTHCARESTAFFING.COM](http://WWW.ATLANTAHEALTHCARESTAFFING.COM)

Office Use Only: Please Initial & Date

ADMIN	CNA/LPN SUP	RN SUP