

# TOWNSGATE

IN-HOME SERVICES LLC

FAX TO 805-267-1140

EMAIL TO admin@townsgateservices.com

TWO WEEK PAY PERIOD START: \_\_\_\_\_ PERIOD END: \_\_\_\_\_

NAME: \_\_\_\_\_

Date	IN	AM/PM	Out	AM/PM	Regular Hours	OT Hours	CLIENT MILES	DUTY CODE
<b>SATURDAY</b> ____/____/____ CLIENT:								
<b>SUNDAY</b> ____/____/____ CLIENT:								
<b>MONDAY</b> ____/____/____ CLIENT:								
<b>TUESDAY</b> ____/____/____ CLIENT:								
<b>WEDNESDAY</b> ____/____/____ CLIENT:								
<b>THURSDAY</b> ____/____/____ CLIENT:								
<b>FRIDAY</b> ____/____/____ CLIENT:								
<b>SATURDAY</b> ____/____/____ CLIENT:								
<b>SUNDAY</b> ____/____/____ CLIENT:								
<b>MONDAY</b> ____/____/____ CLIENT:								
<b>TUESDAY</b> ____/____/____ CLIENT:								
<b>WEDNESDAY</b> ____/____/____ CLIENT:								
<b>THURSDAY</b> ____/____/____ CLIENT:								
<b>FRIDAY</b> ____/____/____ CLIENT:								
<b>TOTALS:</b>								

**EMPLOYEE SIGNATURE**

\*DUTY/TRIP CODES: Please use the following to describe what you did on EVERY shift: A: Ambulation, B: Bathing, D: Dressing, I: Incontinence, TO: Toileting, TR: Transferring, H: Housekeeping, T: Transportation, M: Meal Preparation, S: Shopping, SC: Shopping w/Client, E: Errand Service, L: Laundry, C: Companionship Care, O: Other (please describe)