Home Hope and Healing

Nursing Care Time Record

PO Box 220 Smithfield, ME 04978
362-5252

Employee Name:_____ (RN, LPN, CNA, PSS) Week Ending: ____/____/____

Day	Date	Client	Time In	Time Out	Total Hours Worked
SUN	____/____/____				
MON	____/____/____				
TUE	____/____/____				
WED	____/____/____				
THUR	____/____/____				
FRI	____/____/____				
SAT	____/____/____				

Pay Period is from 12:01am Sunday to 11:59pm Saturday

PSS or CNA's cannot work more than 40 hours in one client's home.

Total Hours Worked:
Call Out Shift Filled:
Total On-Call Hours:
Total Vacation Hours Requested:

I attest that the hours entered here are accurate and represent the actual hours that I worked with a client of Home, Hope, and Healing, Inc. My signature also confirms that I am a licensed professional with a current Maine Licensure and a legal practitioner.

PLEASE BE SURE TO SIGN ALL CLINICAL NOTES -- Employee Signature: _____